PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
01 JAN -5 PM 2:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000013670

1. Corporation Name
PALM BEACH REALTY GROUP, INC.

2. Principal Office Address	3. Mailing Office Address
2265 N. OCEAN DR.	4521 PGA. BLVD
Suite, Apt. #, etc. STE 100	Suite, Apt. #, etc. STE 308
City & State SINGER ISLAND FL	City & State PALM BEACH GARDENS
Zip 33404 Country USA	Zip FLORIDA 33418 Country USA.

4. Date Incorporated or Qualified To Do Business in Florida 2/99 -

5. FEI Number 65-0951690 — Applied For — Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: T. DOMINIC VARA

Street Address (P.O. Box Number is Not Acceptable): 4521 PGA boulevard STE 308

900003532339---4
-01/11/01--01026--002
****750.00 ****750.00

Suite, Apt. #, Etc.

City: Palm Beach Gardens | State: FL | Zip Code: 33418

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent _____ Date 1/4/01 -
REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
~~Pres~~ P	MADELYN C. VARA	9208 SE GETTYSBURGH CT.	HOBE SOUND, FL 33455
~~Dir~~ V	T. DOMINIC VARA	4521 PGA BLVD PBG FL	33418

REINSTATEMENT

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: _____ T. DOMINIC VARA 1/4/01 (561) 222-1154
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #