

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

97 MAR 26 AM 7:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** PA4000084222

1. Corporation Name

NAPGA REALTY, INC.

Principal Place of Business

Mailing Address

2401 PGA Boulevard  
Suite 280  
Palm Beach Gardens, Florida 33410

**REINSTATEMENT** 90-97

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, if Applicable

3. New Mailing Address, if Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

December 16, 1994

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

☒ Applied For  
☐ Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	JOHN W.S. PRESTON	2401 PGA Blvd., Suite 280	Palm Beach Gardens, FL 33410
VPD	PETER COHEN	2401 PGA Blvd., Suite 280	Palm Beach Gardens, FL 33410
SD	ROBERT S. GREEN	2401 PGA Blvd., Suite 280	Palm Beach Gardens, FL 33410

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-03/28/97--01138--005  
\*\*\*\*915.00 \*\*\*\*915.00

JB 3-27-97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

JAYNE REGESTER BARKDULL, ESQUIRE  
LEVY, KNEEN, MARIANI, CURTIN,  
WIENER, KORNFELD & DEL RUSSO, P.A.  
1400 Centrepark Blvd., Suite 1000  
West Palm Beach, Florida 33401

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State

Zip Code

FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

JAYNE REGESTER BARKDULL

REGISTERED AGENT MUST SIGN

Date

3/10/97

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information  
on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I certify that I am an officer or director of 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., and that all fees owed by the corporation have been paid. 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert S Green

Date

Daytime Phone #

3/10/97 - 905-477-9200

CR26040 (12/95)