

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 NOV -5 AM 9:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 06-08^{KS}
CR2E081 (12/07)

DOCUMENT # F03000003452

1. Corporation Name
IRG Palmetto, Inc.

2. Principal Office Address - No P.O. Box # One West Avenue Suite, Apt. #, etc.		3. Mailing Office Address One West Avenue Suite, Apt. #, etc.	
City & State Larchmont, NY		City & State Larchmont, NY	
Zip 10538	Country USA	Zip 10538	Country USA

4. Date Incorporated or Qualified To Do Business in Florida July 10, 2003

5. FEI Number 90-0097895 Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$575 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Corporation Service Company
Street Address (P.O. Box Number is Not Acceptable)
1201 Hays Street
Suite, Apt. #, Etc.

City
Tallahassee

State
FL

Zip Code
32301

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 Cynthia L. Harris **Cynthia L. Harris** Date 11/4/08
REGISTERED AGENT MUST SIGN **Asst. Vice President**

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
CFO	Stuart Lichter	One West Avenue	Larchmont, NY 10538
Pres	Margaret Kolb	One West Avenue	Larchmont, NY 10538
Sec	Stuart Lichter	One West Avenue	Larchmont, NY 10538

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapters 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 contained in Chapter 119, 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: [Signature] **11/03/08** 310 473 6400
Date: 11/03/08 Office Phone #

Florida Department of State
Division of Corporations
Public Access System

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To: Division of Corporations
Fax Number : (850) 617-6384

From: Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850) 521-1000
Fax Number : (850) 558-1575

C. Harris

CORPORATION REINSTATEMENT

IRG PALMETTO, INC.

Certificate of Status		0
Certified Copy		0
Page Count		02
Estimated Charge		\$1,050.00

Electronic Filing Menu

Corporate Filing Menu

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