PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
02 JUN 14 PM 1:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200005767802--9
-06/17/02--01002--020
***2143.75 ***2100.00

DOCUMENT # M91381

1. Corporation Name

DEVORE AND DEVORE, P.A.

2. Principal Office Address	**3.** Mailing Office Address
2161 Palm Beach Lakes Blvd.	2161 Palm Beach Lakes Blvd.
Suite, Apt. #, etc.: Suite 404	Suite, Apt. #, etc.: Suite 404
City & State: West Palm Beach FL	City & State: West Palm Beach FL
Zip: 33409 Country: USA	Zip: 33409 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 07/21/1988

5. FEI Number: 650059543 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: DEVORE, Gene S.

Street Address (P.O. Box Number is Not Acceptable): 2161 Palm Beach Lakes Blvd.

Suite, Apt. #, Etc.: Suite 404

City: West Palm Beach | State: FL | Zip Code: 33409

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 _____ REGISTERED AGENT MUST SIGN Date 6/7/02

CR2E081 (9/00)

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
D/P	DEVORE, Gene S.	2161 Palm Beach Lakes Blvd	West Palm Beach FL 33409

REINSTATEMENT 93-02

T. Lewis 6/14/02

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: X _____ Gene S. Devore, Director 6/7/02 561-471-1301

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

M91381

LAW OFFICES

GENE S. DEVORE, P.A.

Gene S. Devore

Wayne J. Bartholomew*

*Member of NJ Bar Only

June 7, 2002

Paralegals

Ellen Loulou, C.L.A.
Pamela J. Acquavita, C.L.A.
Yamilys Tomasino
Karen Lewis
Christine Schuyler

VIA FEDERAL EXPRESS
TRACKING NO.8282 1564 8140

Department of State
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

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-06/17/02--01002--020
***2143.75 *****43.75

SUBJECT: DEVORE & DEVORE, P.A.
CORPORATION REINSTATEMENT *and*
ARTICLES OF AMENDMENT TO CHANGE CORPORATION NAME

Please find the following documents relating to the subject corporation:

1. Application for Corporation Reinstatement;

2. Articles of Amendment to Articles of Incorporation *(certificate of status requested)*;

3. Check in the amount of $2,143.75, representing the required fees.

FROM: GENE S. DEVORE
2161 Palm Beach Lakes Boulevard - Ste. 404
West Palm Beach, FL 33409

(561) 471-1301

Thank you.

Sincerely,

GENE S. DEVORE
GSD/pja
Enclosures:

FILED
02 JUN 14 PM 1:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NC
T. Lewis 6/14/02

2161 PALM BEACH LAKES BOULEVARD • SUITE 404 • RAYMOND OFFICE PLAZA • WEST PALM BEACH • FLORIDA 33409
(561) 471-1301 • FAX (561) 687-2340 • E-MAIL gdevore@flips.net