PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
00 OCT 18 AM 9:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # 723696

1. Corporation Name

LA PALMA NORTE, INC.

Principal Place of Business	Mailing Address
C/O ~~J.B. BATEMAN~~	537 US 1 ~~SUITE 3~~
537 US 1. ~~P.O. BOX 14440~~	537 US 1. ~~P.O. BOX 14440~~
NORTH PALM BEACH FL 33408	NORTH PALM BEACH FL 33408
	US

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

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
C/O DR. R. BURCH	C/O DR. R BURCH
Suite, Apt. #, etc. 537 US Hwy 1, SUITE 3	Suite, Apt. #, etc. 537 US Hwy 1, SUITE 3
City & State NORTH PALM BEACH, FL	City & State NORTH PALM BEACH, FL
Zip 33408 Country USA	Zip 33408 Country USA

4. Date Incorporated or Qualified To Do Business in Florida: 06/20/1972

5. FEI Number: 59-1612926 ☐ Applied For ☐ Not Applicable

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)*

REINSTATEMENT TS

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
VD	VARELA, F. L.	537 US 1	N PALM BEACH FL
SD	BERRY, DAVID C	537 US 1	N PALM BCH FL
TD	BATEMAN, J.B.	537 US 1	N PALM BCH FL
VD	MARINEAU-CADMUS, JOAN	537 US 1	N PALM BEACH FL
VD	~~MORRIS, JOHN E.~~ CARUCCI, LEONARDO	537 US 1	N PALM BCH FL
VD	BURCH, ROBERT R., DDS	537 US 1	N PALM BCH FL

8. Name and Address of Current Registered Agent

BATEMAN, J.B.
537 U.S. HWY #1
N PALM BEACH FL 33408

9. Name and Address of New Registered Agent

Name: DR. R. BURCH
Street Address (P.O. Box Number is Not Acceptable): 537 US Hwy 1, SUITE 3
Suite, Apt. #, Etc.: NORTH PALM BEACH, FL
City: NORTH PALM BEACH | State: FL | Zip Code: 33408

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: SIGNATURE REQUIRED R. Burch DDS Date: Oct 17-2000
REGISTERED AGENT MUST SIGN

11. 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: SIGNATURE REQUIRED R. Burch DDS Oct 17-2000 561-844123
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #