

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

DOCUMENT # F94000002266

1. Corporation Name

BURRIS GROUP OF PALM BEACH, INC.

Principal Place of Business

Mailing Address

30 TUCKERSON RD.
SHARMOING, NJ 08088

30 TUCKERSON RD
SHARMOING, NJ 08088

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 Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5/3/94

5. FEI Number

22-3291551

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

See Note on front of form required
to be filed with certificate of status.

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P/T/S/ D	Linda M. Burris	30 TUCKERSON RD.	SHARMOING, NJ 08088

8. Name and Address of Current Registered Agent

Linda M. Burris
151 Ocean Key Way
Jupiter, FL 33477

9. Name and Address of New Registered Agent

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 807.0505, F.S.

Signature of
Registered Agent

Linda M. Burris, Pres.
REGISTERED AGENT MUST SIGN

Date February 24, 1997

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 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., 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:

Linda M. Burris, Pres. February 24, 1997
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Linda M. Burris, President

Date

Daytime Phone #

CR2E040 (12/95)



ACCOUNT NO. : 072100000032

REFERENCE : 287022 4327968

AUTHORIZATION

Patricia Pizzuto

COST LIMIT : \$ 915.00

ORDER DATE : March 10, 1997

ORDER TIME : 10:20 AM

ORDER NO. : 287022-005

CUSTOMER NO: 4327968

CUSTOMER: Jeffrey S. Raynor, Esq
Jeffrey S. Raynor, P A
Suite 304
14155 U.S. Highway 1
Juno Beach, FL 33408

DOMESTIC FILINGS

NAME: BURRIS GROUP OF PALM BEACH,
INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XXX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Harry B. Davis

EXAMINER'S INITIALS _____

RECEIVED
97 MAR 10 AM 10:52
DIVISION OF CORPORATION