

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 TUCKERTON ROAD
SHAMONG, NJ 08088

30 TUCKERTON ROAD
SHAMONG, 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 Office 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 ☐

\$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)

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 TUCKERTON ROAD	SHAMONG, NJ 08088

REINSTATEMENT

98

8000002674478--1

B 10/28/98

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LINDA M. BURRIS
c/o RAYNOR LAW FIRM, P.A.
14155 U.S. HIGHWAY ONE, SUITE 304
JUNO BEACH, FL 33408-1499

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Linda M. Burris

Date 10/26/98

LINDA M. BURRIS REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐

No ☒

(See other side for information
on intangible tax.)

12. 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

Linda M. Burris

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
LINDA M. BURRIS

10/26/98
Date

Daytime Phone #

CR2E040 (1/98)



ACCOUNT NO. : 00721000000032

REFERENCE : 011733 4327968

AUTHORIZATION :

Patricia Pigott

COST LIMIT : \$ 750.00

ORDER DATE : October 28, 1998

ORDER TIME : 10:30 AM

ORDER NO. : 011733-005

CUSTOMER NO: 4327968

CUSTOMER: Jeffrey S. Raynor, Esq
Jeffrey S. Raynor, P.a.
Suite 304
14155 U.s. Highway 1
North Palm Beac, FL 33408

DOMESTIC FILINGS

NAME: BURRIS GROUP OF PALM BEACH,
INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Tamara Odom

EXAMINER'S INITIALS

B 10/28
DIVISION OF CORPORATION
98 OCT 28 PM 12:07
RECEIVED