PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
98 JUL -2 PM 4:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N39320

1. Corporation Name: Lambda Palm Beach, Inc.

N98000014485

Principal Place of Business	Mailing Address
6505 S. Dixie Hwy West Palm Beach, FL 33405-4424	

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.	309 Maddock St.
City & State	Suite, Apt. #, etc.
Zip / Country	City & State: West Palm Beach FL
	Zip: 33405 / Country: Palm Beach

4. Date Incorporated or Qualified To Do Business in Florida: 8/1/90

5. FEI Number: 65-0208735 — ☐ 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
Dir + Pres.	Pierre Brisson 'D'	1411 North N. St.	Lakeworth, FL 33460
Dir + VP	Terry Crowley 'D'	306 N. Lake Drive	W.P.B, FL 33407
Dir + Sec	Doreen Casanave 'D'	309 Maddock Street	WPB, FL 33405
Dir	Jamie Bonneau 'D'	805 North E St.	Lake Worth, FL 33460
Dir	Jim O'Neil 'D'	1111 Green Pine #F3	W.P.B FL 33409

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8. Name and Address of Former Registered Agent

unknown 94-

9. Name and Address of New Registered Agent

Name: Lori Woodley
Street Address (P.O. Box Number is Not Acceptable): 309 Maddock St.
Suite, Apt. #, Etc.:
City: West Palm Beach State: FL Zip Code: 33405

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****490.00

CR2E040 (12/96)

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: Lori Woodley — REGISTERED AGENT MUST SIGN — Date: 6.19.98

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.) None Due

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: Pierre Brisson Pres. — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-19-98 — Date

-561-5889015 — Daytime Phone #