Jan-12-99 03:35P P.01

PLEASE READ ALL INSTRUCTIONS CAREFULLY

APPLICATION FOR REINSTATEMENT

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

P94000014009

FILED
99 JAN 15 PM 4:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000014009

1. Corporation Name
LACHANCE DEVELOPMENT COMPANMY, INC.

Principal Place of Business / Mailing Address

4801 S University Drive 303E
Davie, Florida 33328

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

2. New Principal Office Address, If Applicable
as above
Suite, Apt. #, etc.
City & State
Zip | Country BROWARD

3. New Mailing Office Address, If Applicable
as above
Suite, Apt. #, etc.
City & State
Zip | Country

4. Date Incorporated or Qualified To Do Business in Florida 2-17-94

5. FEI Number 65-0517802 | 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
PRES	LEO LACHANCE	55 EASTWOOD CIRCLE	GARDNER MA 01440
VP	LEO LACHANCE	55 EASTWOOD CIRLCLE	GARDNER MA 01440
SEC	HENRY B CARPENTER	4801 S University Dri	Davie, Fl 33328

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***1050.00 ***1050.00

REINSTATEMENT 97-99
DS

8. Name and Address of Current Registered Agent

HENRY B CARPENTER
4801 S University Dr # 303E
Davie Florida 33328

9. Name and Address of New Registered Agent

Name: same
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 _____ Date 1-13-99
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 of 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: _____ AS POA LEO LACHANCE 1-13-99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #