

Jan-12-99 03:35P

PLEASE READ ALL INSTRUCTIONS

P.01

APPLICATION
P94000014009
REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
Sandra B. Northman
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000014009

1 Corporation Name
LACHANCE DEVELOPMENT COMPANY, INC.

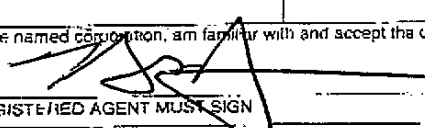
Principal Place of Business Mailing Address
4801 S University Drive 303E
Davie, Florida 33328

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

2. New Principal Office Address, If Applicable as above		3. New Mailing Office Address, If Applicable as above		4. Date Incorporated or Qualified To Do Business in Florida 2-17-94	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-0517802	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required for a Certificate of Status	
BROWARD					

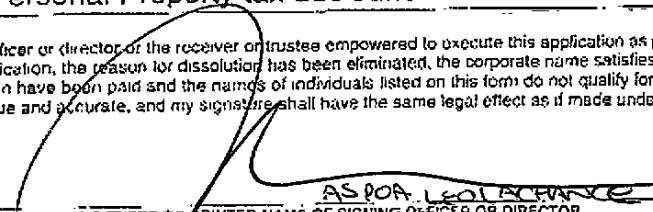
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PRES	LEO LACHANCE	55 EASTWOOD CIRCLE	GARDNER MA 01440
VP	LEO LACHANCE	55 EASTWOOD CIRCLE	GARDNER MA 01440
SEC	HENRY B CARPENTER	4801 S University Drive	Davie, FL 33328
			4000002745164--B
			-01/19/99--01001--010
			***1050.00 ***1050.00
			REINSTATEMENT 97-99
			DS

8. Name and Address of Current Registered Agent	9. Name and Address of Now Registered Agent
HENRY B CARPENTER 4801 S University Dr # 303E Davie Florida 33328	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)(b), 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:  1-13-99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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