

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

#600 Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

01 JAN -2 AM 9:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000094124

1. Corporation Name

Norland, Inc.

2. Principal Office Address

11 Alston Road

Suite, Apt. #, etc.

City & State

Palm Beach Gardens, FL

Zip

33418

Country

US

3. Mailing Office Address

C/O Salomon Wainberg

2121 Ponce De Leon Blvd

Suite, Apt. #, etc.

#1100

City & State

Coral Gables, FL

Zip

33134

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

12/12/95

SP

5. FEI Number

65-0634113

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$875 Additional Fee required
for a Certificate of Status

REINSTATEMENT *9-00*

7. Name and Address of Current Registered Agent

Name

Ralph Fisch

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

11 Alston Road

Suite, Apt. #, Etc.

City

Palm Beach Gardens

State

FL

Zip Code

33418

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4500.00 **00.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

12/24/00

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	Veale, William J	399 Park Ave, 27 Flr; Box 27	New York, NY 10022
D	Wainberg, Salomon	2121 Ponce De Leon Blvd #1100	Coral Gables, FL 33134

10. 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:

William J. Veale
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WILLIAM J. VEALE

Date

12/22/2000

Daytime Phone #

(212) 838-0793