

2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAY 26 PM 12:46

DOCUMENT # P95000094124

1. Entity Name
NORLAND, INC.



Principal Place of Business
11 ALSTON ROAD
PALM BEACH GARDENS, FL 33418

Mailing Address
C/O TRANSOCEANIC
19495 BISCAYNE BLVD #805
AVENTURA, FL 33180 US

REINSTATEMENT 05-06



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

10132005 REIN-P CR2E098 (6/04)

City & State

City & State

4. FEI Number
65-0634113

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FISCH, RALPH
11 ALSTON ROAD
PALM BEACH GARDENS, FL 33418

Name ALAN KIRZNER
Street Address (P.O. Box Number is Not Acceptable)
2121 PONCE DE LEON BLVD
Suite 1100
City CORAL GABLES FL Zip Code 33134

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$750.00
After January 1, 2006, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME D
STREET ADDRESS VEALE, WILLIAM J
CITY-ST-ZIP 205 EAST 63RD ST APT 2F
NEW YORK, NY 10021

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 400076154754
CITY-ST-ZIP 06/13/06--01039--005 **900.00

TITLE ☐ Delete
NAME D
STREET ADDRESS WAINBERG, SOLOMON
CITY-ST-ZIP 2121 PONCE DE LEON BLVD, STE 1100
CORAL GABLES, FL 33134

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME DVP
STREET ADDRESS MASSIE, ANDREW
CITY-ST-ZIP 19495 BISCAYNE BLVD., #805
AVENTURA, FL 33180

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME DS
STREET ADDRESS WASIOKK, DEBORAH
CITY-ST-ZIP 19495 BISCAYNE BLVD., #805
AVENTURA, FL 33180

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-06

Date

205 935 2100

Daytime Phone #