

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



APPLICATION FOR REINSTATEMENT
 FLORIDA DEPARTMENT OF STATE
 Jim Smith
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

02 NOV -4 AM 11:47

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # F01000003302

1. Corporation Name
S&A SERVICES OF WATERTOWN, LTD., INC.

Principal Place of Business
~~PO BOX 410~~
~~DANVERS MA 01923~~

Mailing Address
 PO BOX 410
 DANVERS MA 01923



700008769157
 11/07/02--01004--026 **150.00

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

2. New Principal Office Address, If Applicable 167 Polk Street Suite, Apt. #, etc.		3. New Mailing Office Address, If Applicable Suite, Apt. #, etc.		4. Date Incorporated or Qualified To Do Business in Florida 06/19/2001	
City & State Watertown, NY		City & State		5. FEI Number 11-3597154	
Zip 13601		Country USA		Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				S\$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	4 City / State / Zip
CPST	SCHREIBER, SUZANNE E	167 POLK ST	WATERTOWN NY 13601

8. Name and Address of Current Registered Agent LEXIS DOCUMENT SERVICES INC 3953 W.W. KELLEY RD. TALLAHASSEE FL 32311		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State FL Zip Code	
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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. or 617.0505, F.S.

Signature of Registered Agent *C. Woodyard* REGISTERED AGENT MUST SIGN
 Date 10/25/02

11. 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: *Suzanne Schreiber* **Suzanne Schreiber**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date 10/28/02 Daytime Phone # 978-722-2800

CR2E040 (8/02)

S & A SERVICES, LTD.

167 Polk Street

Watertown, NY 13601

Telephone (315) 786-5700 Toll Free (866) 558-2845
Hours: Mon.-Wed. 8:00 a.m. to 8:30 p.m. (EST/DST)
Thurs. 8:00 a.m. to 4:30 p.m. (EST/DST)
Fri.-Sat. 8:00 a.m. to 12:00 p.m. (EST/DST)

SEND PAYMENTS TO:
Processing Center
P.O. Box 410
Danvers, MA 01923

October 28, 2002

Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

Re: S & A Services of Watertown, Ltd.


Dear Sir or Madam:

Enclosed is the Application for Reinstatement with respect to S & A Services of Watertown, Ltd., along with the \$150 filing fee. We did not receive the UBR notices, and, therefore, pursuant to the instructions contained in the Notice of Administrative Dissolution or Revocation are not sending the \$600 reinstatement fee.

If you have any questions, please do not-hesitate to contact me.

Very truly yours,

S & A SERVICES OF WATERTOWN, LTD.


Suzanne E. Schreiber
President

SES/ksb
Enclosures