

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

15 OCT -7 AM 9:39

FLORIDA DEPARTMENT OF STATE
HALL OF RECORDS

000277878940

CR2E081 (11/10)

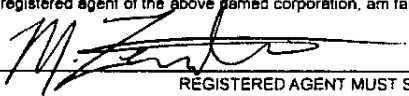
4. Date Incorporated or Qualified To Do Business in Florida	
5. FEI Number	Applied For ☐ Not Applicable ☐
6. CERTIFICATE OF STATUS DESIRED X	
\$8.75 Additional Fee required for a Certificate of Status	

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F14000002418	
1. Corporation Name Bascom Energy Limited Corp.	

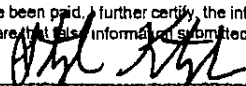
2. Principal Office Address - No P.O. Box # 4 Bonazzoli Avenue Suite, Apt. #, etc. City & State Hudson, MA Zip 01749 Country USA		3. Mailing Office Address 4 Bonazzoli Avenue Suite, Apt. #, etc. City & State Hudson, MA Zip 01749 Country USA	
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7. Name and Address of Current Registered Agent			
Name Corporation Service Company			
Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street			
Suite, Apt. #, Etc.			
City Tallahassee		State FL	Zip Code 32301

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 	Melissa Zender Asst. Vice President	Date 10/7/15

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	Arthur Maxwell	4 Bonazzoli Avenue	Hudson, MA 01749
P	Arthur Maxwell	4 Bonazzoli Avenue	Hudson, MA 01749
T	Arthur Maxwell	4 Bonazzoli Avenue	Hudson, MA 01749
S	Arthur Maxwell	4 Bonazzoli Avenue	Hudson, MA 01749
AS	Stephen Kutenplon	101 Huntington Avenue, Suite 500	Boston, MA 02199
REINSTATEMENT 2015			S. HAWKES

10. E-mail Address: skutenplon@tbhr-law.com	OCT 8 - AM
(To be used for future annual report notification)	

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. and that in executing 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., and that all fees owed by the corporation have been paid. I further certify the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.	
SIGNATURE: 	/ Stephen Kutenplon, Assistant Secretary 10/07/15 617-218-2042
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 823746 4350901

AUTHORIZATION :

COST LIMIT : \$767.50

ORDER DATE : October 7, 2015

ORDER TIME : 2:43 PM

ORDER NO. : 823746-005

CUSTOMER NO: 4350901

REINSTATEMENT

NAME: BASCOM ENERGY LIMITED

RECEIVED
STATE
DEPARTMENT OF
15 OCT - 7 AM 3:38

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY

 PLAIN STAMPED COPY

XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender EXT 62956

EXAMINER'S INITIALS _____