PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
15 OCT -7 AM 9:39
SECRETARY OF STATE
TALLAHASSEE FLORIDA

000277878940

CR2E081 (11/10)

DOCUMENT # F14000002418

1. Corporation Name

Bascom Energy Limited Corp.

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
4 Bonazzoli Avenue		4 Bonazzoli Avenue	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Hudson, MA		Hudson, MA	
Zip	Country	Zip	Country
01749	USA	01749	USA

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

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: M. Zender — Melissa Zender, Asst. Vice President — Date: 10/7/15

REGISTERED AGENT MUST SIGN

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
(To be used for future annual report notification)

OCT 8 - AM

EXAMINER

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 the information indicated on 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 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 — Date — Daytime Phone #

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallhassee, 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

RECEIVED
FLORIDA DEPARTMENT OF STATE
15 OCT -7 AM 3:39

NAME: BASCOM ENERGY LIMITED

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 _____