

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 FEB 24 PM 2:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 02-03



500010009885

01/10/03 01025 002 \$350.00

DOCUMENT # F99000005918

1. Corporation Name

TCB FLORIDA, INC.

Principal Place of Business

C/O THE COMMUNITY BUILDERS, INC.
95 BERKELEY STREET STE 500
BOSTON MA 02116

Mailing Address

C/O THE COMMUNITY BUILDERS, INC.
95 BERKELEY STREET STE 500
BOSTON MA 02116

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

11/12/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

04-2324773

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	AMES, OLIVER F	135 ELM ST.	NORTH EASTON MA 02536
D	ANTHONY, STEPHEN H	33 COMMONWEALTH AVENUE	BOSTON MA 02116
DC	BOK, JOHN F	53 PICKNEY ST.	BOSTON MA 02114
DVC	CLAY, PHILLIP L	44 POND ST.	BOSTON MA 02130
P	CLANCY, PATRICK E	1932 BRANDYWINE STREET	PHILADELPHIA PA 01930
DT	COHEN, HAROLD	70 WEATHERLY DR., #307	SALEM MA 01970

8. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

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

BARBARA A. BURKE
SPECIAL ASSISTANT SECRETARY

REGISTERED AGENT MUST SIGN

Date

7/3/03

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/2/02

6176959595

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CHECK

CR2E040 (8/02)