

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

FILED

98 DEC 22 PM 6:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P35820

1. Corporation Name

C.P. CLARE CORPORATION

Principal Place of Business

78 CHERRY HILL DR  
BEVERLY MA 01915  
US

Mailing Address — Same as Principal  
Place of Business  
78 CHERRY HILL DR  
430 BEDFORD STREET  
BEVERLY MA 01915  
US



REINSTATEMENT

98  
ad

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

2. New Principal Office Address, if Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

10/08/1991

5. FEI Number

04-256477

Applied For

Not Applicable

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 (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
PCD	BUCKLAND, ARTHUR	78 CHERRY HILL DR	BEVERLY MA
D	WINSTON, HINDLE	17 MUSTERFIELD RD	CONCORD MA
D	SIMS, JAMES	304 VASSAR ST	CAMBRIDGE MA
D	TURNER, JOHN	45 MILK ST	BOSTON MA
D	TIAMPO, CLEM	130 MOUNT AUBURN ST APT 204	CAMBRIDGE MA

8. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYES STREET  
SUITE 105  
TALLAHASSEE FL 32301

9. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
Suite, Apt. #, Etc. 800002725559-6  
City 12/29/98-01087-031  
State ZIP Code  
FL

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.

Signature of  
Registered Agent

Deborah A. Skipper as agent  
REGISTERED AGENT MUST SIGN

Date 12-21-98

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

Yes ☐ No ☒

(See other side for information  
on intangible tax.)

12. 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 of Thomas B. Sager  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/16/98

Daytime Phone #

978-524-6857

CR2E040 (9/98)