

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



REINSTATEMENT

98
 20

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		10/08/1991	
City & State		City & State		5. FEI Number	
Zip		Zip		04-256477	
Country		Country		Applied For	
				Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
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		9. Name and Address of New Registered Agent	
THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYES STREET SUITE 105 TALLAHASSEE FL 32301		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. 300002725559-6 City	
		-12/29/98-01087-031 ***750.00 State ***750.00 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 *Nelora A. Skiper as agent* **REQUIRED** 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: *Thomas B. Sager* **REQUIRED** Date *12/16/98* Daytime Phone # *978-524-6857*

CR2E040 (9/98)