PLEASE READ	ALL INST	RUCTIONS	BEFORE (COMPLET	ING THIS FORM	Л.	
APPLICATION FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State							
REINSTATEMENT DIVISION OF CORPORATIONS				98 NOV 10 AM 11: 50			
DOCUMENT # ρ_3 80 83				SECRETARY OF STATE TALLAHASSEE, FLORIDA			
J. Robert Scott, Inc.							
				REINS	TATEMEN	IT 96	-9-8
If above addresses are incorrect in any way, line thro 2. New Principal Office Address, If Applicable	3. New Mailing Address, If Applicable			4. Date Incorp	DO NOT WRITE IN THIS porated or Qualified	SPACE	
Suite, Apt. #, etc.	82 Devonshire Street, F7D Suite Apt. #, etc.			To Do Business in Florida 3/27/92 5. FEI Number Applied For			
City & State	, MA		04-2898922 Not Applic				
Zip Country	Zip 02109	Countr	USA	6. CERTIFICAT	E OF STATUS DESIRED 🔲 S	8.75 Additional Fo	ee required of Status
7. Names and Street Addresses of Each Officer and/officers Title(s) 1 2 Name of Officers and/or Directors	rida nonprofit corporations must list at least 3 direc Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box Numbers)				-1111199	5 10 50 30	
D/C/CEO Timothy T. Hilton			nshire Str		Boston, MA	02109	
D/P William Holodnak		82 Devonshire Street			Boston, MA	02109	
V Elizabeth L. Johnson		82 Devo	nshire Str	eet	Boston, MA	02109	- '
T Stephen G. Manning		82 Devonshire Street			Boston, MA	02109	
Asst.T Gary Greenstein		82 Devo	nshire Str	eet	Boston, MA	02109	
S(clerk) Jay Freedman T(clerk) Susan Englander Hi	82 Devo	nshire Str	eet	et Boston, MA 02109			
Namo				9. Name and Address of New Registered Agent Orporation System			
1201 Hays Street Tallahassee, FL 32301	Street Addres		P.O. Box Number is Not Acceptable)) Pine Island Road				
_		City	tation State Zip Code FL 33324				
10 I, being appointed the egistered agent of the above Signature of Registered Agent REG	M	ation, am familiar wit		ligations of Section			
11. Does this corporation pay at Dept. of Revenue under S.	ny intangi 199.032, F	ble tax to the Florida Statu	ites. Yes	X No [(See other si	de for information	
12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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 filling this reinstatement application the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401, F.S., and that all fees owed by the corporation have been paid. 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: Jay Freedman, Clerk 10/30/98 617 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date						-563-8515	
SIGNIFICATION OF PRIN	maine Or Sil	OFFICER ORD			Date C	aytime Phone #	

Asst.