

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 808644

1973-1997

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 NOV 12 PM 12:13

1. Corporation Name

Cambridge Mutual Fire Insurance Company

Principal Place of Business

95 Old River Road
Andover, MA 01810

Mailing Address

95 Old River Road
Andover, MA 01810

500002345725--7

-11/13/97-01003-015

***2738.75 ***2738.75

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

10/8/51

5. FEI Number

04-1144900

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)

| 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 |
|---------------|---|--|-------------------------|
| V | Wallis, C. Edward | 10 Mountain Laurels #303 | Nashua NH 03062 |
| V/D/S | Brawn, Malcolm W. | 203 Brookside Drive | Andover, MA 01810 |
| P/D/T | Nichols, William E. | 71 Bonny Lane | N. Andover, MA 01845 |
| V | Stokham, Edward F. | 120 Gale Ave | Haverhill, MA 01830 |
| V | Bishop, Russell P. | 7 Wayland Dr | N. Andover, MA 01845 |
| V/D | Vose, Donald | 44 Sheffield Rd | Boxford, MA 01921 |

8. Name and Address of Current Registered Agent

Insurance Commissioner (624.422)

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.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. 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:

C. Edward Wallis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

C. Edward Wallis
Vice President

10/28/1997
Date

(978)475-3300
Daytime Phone #