

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  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

98 JAN 30 AM 10:09

# 1130

DOCUMENT # **811116** (1973-1998)

1. Corporation Name  
**Bay State Insurance Company**

Principal Place of Business  
**95 Old River Road  
 Andover, MA 01810**

Mailing Address  
**95 Old River Road  
 Andover, MA 01810**

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.		8/25/96	
City & State		City & State		5. FEI Number	
Zip		Country		04-2200004	
				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
V/D	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/D	Stokham, Edward F.	120 Gale Ave	Haverhill, MA 01830
V/D	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		9. Name and Address of New Registered Agent	
Insurance Commissioner (624.422)		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	
		000002420370--5 -02/03/98--01091--025 ***2813 FL ***2813.75	

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 \_\_\_\_\_ Date \_\_\_\_\_  
 REGISTERED AGENT MUST SIGN

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* C. Edward Wallis Vice President 1/12/98 (978) 475-3300  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (12-96)