

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 # **827193**

1. Corporation Name

HOBBS GROUP, INC.

Principal Place of Business

Mailing Address

225 WYMAN ST

225 WYMAN ST

P.O. BOX 9049

P.O. BOX 9049

WALTHAM MA 02254-6049

WALTHAM MA 02254-6049

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

741 Boston Post Rd

741 Boston Post Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 104

Suite 104

City & State

City & State

Guilford CT

Guilford CT

Zip 06437

Country

Zip 06437

Country

REINSTATEMENT

98

4. Date Incorporated or Qualified To Do Business in Florida

12/15/1971

5. FEI Number

04-2191314

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
D	POUSIAKA WILLIAM J	31 HAWTHORN RD	WESTON MA
S	SCHNETZLE JULIA see attached sheet	LOVELESS LANE	SOUTH BEECHWOOD MA
AS	DANO, MARLY	26 MAPLE ST	ARMONK NY
B	YARLEY GLENN	426 MEADOWLAND RD	LEDNISTON MA
PD	GOLUB, THOMAS A	1402 Rivergreen Dr	Atlanta GA 30327
T	DANABKOS, KATHLEEN	HOUSTON ST	W. ROXBURY MA

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SMITH, PAUL W JR
20 N ORANGE AVENUE
SUITE 1400
ORLANDO FL 32801

Name

CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)

1200 S. Pine Island Road

Suite, Apt. #, Etc.

Plantation FL 33324

City

2000082716482-9

-12/18/98 ET 01090-020

758.75 **758.75

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.050, F.S.

Signature of Registered Agent

Jonathan R. Giddings

Jonathan R. Giddings
Assistant Secretary

Date

12/1/1998

REGISTERED AGENT MUST SIGN

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:

Paul W. Smith
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

REQUIRED

11-30-98

Date

203 458 6434

Daytime Phone #

CR2040 (9/98)

HOBBS GROUP

Hobbs Group, Inc.
741 Boston Post Road, Suite 104
Guilford, Connecticut 06437
Fax 203-458-6270
Phone 203-458-6434

7. S Lauragene Lyons 125 River Edge Farms Madison, CT 06443