

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 DEC -6 AM 8:01

DOCUMENT # **851364**

1. Corporation Name

R.W. Corby & Company, Incorporated

2. Principal Office Address

10 HIGH STREET

Suite, Apt. #, etc.

SUITE 600

City & State

BOSTON MA

Zip

02110

Country

USA

3. Mailing Office Address

10 HIGH STREET

Suite, Apt. #, etc.

SUITE 600

City & State

BOSTON MA

Zip

02110

Country

USA

REINSTATEMENT

98-02

**4. Date Incorporated or Qualified
To Do Business in Florida**

12-21-81

5. FEI Number

52-1037969

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

CT Corporation System

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

1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

8. I, being appointed the registered agent of the above named corporation, do hereby accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Connie Bryan

**CONNIE BRYAN
SPECIAL ASSISTANT SECRETARY**

REGISTERED AGENT MUST SIGN

Date

12/4/02

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres/ Chairman	MICHAEL J REILLY	30 CORWOOD DRIVE	WESTON MA 02493
EVP/Vice Chairman	ROBERT W CORBY	400 SOUTH OCEAN BLVD	MANALAPAN FL 33462
VP/ Sect Treas	SUSAN H KIRBY	122 LINCOLN STREET	NORWELL MA 02061

10. 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:

Susan H. Kirby

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/4/02

Date

617-482-8780

Daytime Phone #