

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

03 FEB 18 AM 10:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F00000006360

1. Corporation Name

ASSISTIVE TECHNOLOGY INC.

Principal Place of Business

7 WELLS AVE.
NEWTON MA 02459

Mailing Address

7 WELLS AVE.
NEWTON MA 02459

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

11/15/2000

5. FEI Number

04-3284593

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PSTD	LEWIS, JAMES C	7 WELLS AVE.	NEWTON MA
			100012599501 02/17/03--01081--002 **300.00
			100012599501 02/17/03--01081--003 **8.75

8. Name and Address of Current Registered Agent

SANTARGANGELO, MICHAEL
1642 W. 64TH ST.
HIALEAH FL 33012

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. or 617.0505, F.S.

Signature of
Registered Agent

Michael Santangelo
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

05 Feb 03

11. 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:

Jim Smith
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/5/03 617-641-9000

CR2E040 (8/02)



Assistive Technology, Inc.

INNOVATION WITHOUT BOUNDARIES

February 5, 2003

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

I recently received your Notice of Administrative Dissolution or Revocation. I immediately called your office to inform them the company had never received any notice prior to the Dissolution notice. I formally request that you waive the penalty.

I have enclosed the Application for Reinstatement in addition to the \$300.00 fee requested by your office and a check for \$8.75 for the Certificate of Status .

If I can be of any further assistance please don't hesitate to call 617-641-9000 ext. 266.

Sincerely,

Tara Rudnicki
Staff Accountant
Assistive Technology Inc.