

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 DEC 20 AM 10:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F01000004332

1. Corporation Name

Connolly Consulting Associates, Inc

2. Principal Office Address

950 East Paces Ferry Rd

Suite, Apt. #, etc.

#925

City & State

Atlanta, GA

Zip

30326

Country

U.S.A.

3. Mailing Office Address

50 Danbury Rd

Suite, Apt. #, etc.

1st Floor

City & State

Wilton, CT

Zip

06897

Country

U.S.A.

**REINSTATEMENT** 04

4. Date Incorporated or Qualified  
To Do Business in Florida

8/15/01

5. FEI Number

58-2272199

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 Rd

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

Shirley Clark

Date

11/24/04

REGISTERED AGENT MUST SIGN

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	Elizabeth C. Alexander	50 Danbury Rd.	Wilton, CT 06897
CEO	John L. Connolly	950 East Paces Ferry Rd	Atlanta, GA 30326
CIO	Robert Alexander	50 Danbury Rd	Wilton, CT 06897

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for 1/21

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert Alexander CIO

Date

Daytime Phone #

11/8/04

203-529-2000