

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 JUL 25 PM 12:50

SECRET
FALL 2005

DOCUMENT # *F 020 00000 233*

1. Corporation Name

Art Plus Technology, Inc.

2. Principal Office Address

186 Lincoln Street

Suite, Apt. #, etc.

Fifth Floor

City & State

Boston, MA

Zip

02111-2403

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

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

December 15, 2004

5. FEI Number

04-3057891

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

Wes Ervin

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

Boca Palm Professional Building, 6971 N. Federal Highway

Suite, Apt. #, Etc.

Suite 103

City

Boca Raton

State

FL

Zip Code

33487

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

Charles Wesley Ervin

Date *July 21, 2005*

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
P/D	Elizabeth A. Gooding	33 Waban Hill Road	Newton, MA 02467
V/T/D	S. Elizabeth Tindley	26 Harvest Drive	Duxbury, MA 02332
S/D	Kevin J. Pekar	33 Waban Hill Road	Newton, MA 02467
D	Frank Gilbane	551 Franklin Street	Cambridge, MA 02139

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

7/20/05

Date

617-646-4000

Daytime Phone #

CR2E081 (01/05)