

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 NOV 17 AM 8:43

DOCUMENT # FO2000000759

1. Corporation Name

HIRSCH CONSTRUCTION CORP.

2. Principal Office Address
600 LORING AVENUE
SALEM MA 01970

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Office Address
600 LORING AVENUE
SALEM MA 01970

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

03

**4. Date Incorporated or Qualified
To Do Business in Florida** 02/08/2002

5. FEI Number
04-2787488

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
C T 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, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

[Signature]

TAMMY TOFTEROO
ASSISTANT SECRETARY

Date Nov. 5, 2003

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
DPVT	HIRSCH, STEVEN E	7 TIP TOP ROAD	SWAMPSCOTT MA 01907
S	SHUTZER, KENNETH B	23 ONE SALEM ROAD	SWAMPSCOTT MA 01907

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Steven E. Hirsch, President

11/13/03 (978)741-3010

Date

Daytime Phone #

CR2E081 (10/02)



**Hirsch
Construction
Corp.**

RETAIL AND OFFICE SPECIALISTS

2/2

Document #FO2000000759
FEI Number 04-2787488

November 13, 2003

Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

To Whom It May Concern:

Enclosed please find completed Application for Corporation Reinstatement and the \$150.00 report filing fee as requested. We did not receive the original or second UBR notices with regard to the filing of a corporation annual report/uniform business report form and are, therefore, requesting that the reinstatement fee be waived.

If you require any further documentation to facilitate this reinstatement request, please do not hesitate to contact me. Thank you for your assistance in rectifying this matter.

Very truly yours,

Steven E. Hirsch
President