PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F03000000791

1. Corporation Name
Natick Atlantic Corp.

REINSTATEMENT 04 MRD

2. Principal Office Address	3. Mailing Office Address
One Mercer Road	One Mercer Road
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Natick, MA	City & State: Natick, MA
Zip: 01760 Country: U.S.A.	Zip: 01760 Country: U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida: 2/14/03

5. FEI Number: 04-3623497 ☐ 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, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent: Salvia Acosta-Gray Date: 11/1/04
REGISTERED AGENT MUST SIGN
SALVIA ALICIA-GRAY
SPECIAL ASSISTANT SECRETARY

CR2E061 (01/04)

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Michael T. Wedge	One Mercer Road	Natick, MA 01760
T/V	Arthur T. Silk	One Mercer Road	Natick, MA 01760
S	Kellye L. Walker	One Mercer Road	Natick, MA 01760

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: Kellye L. Walker 10/29/04 (508) 651-6670
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Kellye L. Walker

FL016 - 08/03/04 C T System Online

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Florida Department of State
Division of Corporations
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CORPORATION REINSTATEMENT

NATICK ATLANTIC CORP.

Certificate of Status	1
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