

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F03000003693

1. Corporation Name

Grass-Telefactor Corporation

2. Principal Office Address - No P.O. Box #
600 E. Greenwich Avenue

Suite, Apt. #, etc.

City & State
W. Warwick

Zip
RI

Country
USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip
02893

Country

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 617.0503, F.S.

Signature of
Registered Agent

Kristen Betzger
Kristen Betzger
Vice President

Date

6/1/07

9. Names and Street Addresses of Each Officer and/or Director (Florida non-profit 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.	Albert W. Ondis	600 East Greenwich Avenue	W. Warwick, RI 02893
VP	Everett V. Pizzuti	600 East Greenwich Avenue	W. Warwick, RI 02893
Treas.	Joseph P. O'Connell	600 East Greenwich Avenue	W. Warwick, RI 02893
Sec.	Margaret D. Farrell	50 Kennedy Plaza, Suite 1500	Providence, RI 02903
Dir.	Joseph P. O'Connell, Everett V. Pizzuti	600 East Greenwich Avenue	W. Warwick, RI 02893
Dir.	Albert W. Ondis	600 East Greenwich Avenue	W. Warwick, RI 02893

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 contained in Chapter 118, 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: Margaret D. Farrell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Margaret D. Farrell, Secretary

5/2/07

401-457-5102

Date

Daytime Phone #

FILED

07 JUN -1 PM 1:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

04-07

CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida

7/25/03

5. FEI Number
75-3066940

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

63.75 Additional fee required
for a Certificate of Status

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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Florida Department of State
Division of Corporations
Public Access System

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Division of Corporations
Fax Number : (850) 205-0384

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CORPORATION REINSTATEMENT

GRASS-TELEFACTOR CORPORATION

Certificate of Status	0
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