


PLEASE READ ALL INSTRUCTIONS BEFORE

FILED

08 DEC -2 PM 5:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **FD300005468**
1. Corporation Name
Jay Cashman, Inc.

2. Principal Office Address - No P.O. Box #
549 South St.

3. Mailing Office Address
PO Box 692396

City & State
Quincy Mass Quincy Mass

Zip Country
02169 USA 02269 USA

4. Date Incorporated or Qualified To Do Business in Florida
11/3/03

5. FEI Number
04-3242954

6. CERTIFICATE OF STATUS DESIRED Additional Fee required for a Certificate of Status

REINSTATEMENT

CR2E081 (10/08)

08

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

City State Zip Code
Plantation FL 33324

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.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of sections 607 or 617.0503, F.S.

Signature of Registered Agent
Kristen Betzger
Vice President Date **12/2/08**

REGISTERED AGENT MUST SIGN

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

| Title | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip |
|-----------------|-----------------------------------|--|--------------------|
| President | Dale Pyatt | 24 Bowen Lane | Boston MA 01921 |
| Secy & Chairman | Jay M Cashman | 315 Dartmouth St | Boston MA 02116 |
| CFO | Christopher CA Anderson | 217 Teresa Rd | Hopkinton MA 01748 |
| | | | |
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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 119, 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: **Christopher CA Anderson** Date **12-2-8** Daytime Phone # **617-890-0600**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Christopher CA Anderson

Florida Department of State
Division of Corporations
Public Access System

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To: Division of Corporations
Fax Number : (850) 617-5384

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5926

CORPORATION REINSTATEMENT

JAY CASHMAN, INC.

| | |
|-----------------------|---------------------|
| Certificate of Status | 1 |
| Certified Copy | 0 |
| Page Count | 02 |
| Estimated Charge | \$758.75 |

158.75

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