Th.

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORTORA REINSTATE			S	DEPART Secretary	of St			12 HOV 19 AH 10: 23
DOCUMENT # F0400000420 1. Corporation Name							TA	ECRETATIVE OF STATE LLAHASSEE, FLORIDA
Curbside <u>H</u>	ospita	lity, Inc.						71 LORIDA
2. Principal Office Add 800 Prudent	3. Mailing Office Address 500 Cummings Center					GDGD001 (41/10)		
Suite, Apt. #, etc.	Suite, Apt. #, etc. 4900					CR2E081 (11/10) 4. Date Incorporated or Qualified To Do Business in Florida 06/27/1997		
city & State Jacksonville, FL			Beverly, MA				5. FEI Numbe	Applied For
Sip Country B2207 Duval		^{zip} 01915		Country		6. CERTIFICAT	E OF STATUS DESIRED \$8.75 Additional Fee require for a Certificate of Status	
Name NARI (Street Address (P.O. i 515 East Park Av Suite, Apt. #, Etc.		itered Agent			-	200240856828 11/16/12-01024-004 **750.00 800240856828 10/16/1201003011 **785.00		
City Tallahassee		,	State FL	Zip Code 32301	Wia-	W12-53313		
8. I, being appointed Signature of Registered Agent	he register		ve named corpor			ith and accept the	obligations of secti	on 607.0505 or 617.0503, F.S. Date 9.28.
9. Names and Street	Addresses	of Each Officer and	t/or Director (Flor	rida nonprof				I
Titles Name of Officers and/or Directors				Street Address of Each Officer and/or Director				City / State / Zip
CEO John Udelson				500 Cummings Center,			, Suite 4900	Beverly, MA 01915
	· • · · · · · · · · · · · · · · · · · ·							S. HAWKES
							1500pt	NOV - 2012
	··- <u>-</u>	,					15	EXAMINER
^{10.} E-mail Addre	ss: ap	@curbside.com		(To h	o used f	or future annual repo	ort notification)	
reinstatement appli owed by the corpor	cation, the stion have	reason for dissolution been paid. I further a mat false information	n has been elimin certify, the informa on submitted in a	npowered to nated, the co ation indical document	execut orporate ted on the to the D	e this application a name satisfies the nis application is the epartment of State	es provided for in che e requirements of se ue and accurate, an constitutes a third (apter 607 or 617, F.S. I further certify that when filing this ection 607.0401 or 617.0401, F.S., and that all fees d my signature shall have the same legal effect as degree felony as provided for in s.817.155, F.S. 09/28/2012 978-524-0900