

APPROVED  
AND  
FILED

07 NOV 13 PM 12:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F05000006636

1. Corporation Name

Center for Management Research, Inc.

11-15-07  
REINSTATEMENT 06-07

2. Principal Office Address - No P.O. Box #

10860 Gleneagles Road

3. Mailing Office Address

55 William Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 120

City & State

Boynton Beach, FL

City & State

Wellesley, MA

Zip

33436

Country

USA

Zip

02481

Country

USA

CR2E081 (1/07)

4. Date Incorporated or Qualified  
To Do Business in Florida

11/16/2005

5. FEI Number

04-2743959

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  
John S. Connolly, Jr.

Street Address (P.O. Box Number is Not Acceptable)

10860 Gleneagles Road

Suite, Apt. #, Etc.

City  
Boynton Beach

State  
FL

Zip Code  
33436

☐ 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 section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date

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
P, T	John S. Connolly JR	10860 Gleneagles Road	Boynton Beach, FL 33436
S, D	Marcia H. Connolly	10860 Gleneagles Road	Boynton Beach, FL 33436

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10. I certify that I am an officer or director or the recorder 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 debts satisfy 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:

*John S. Connolly Jr*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/5/07 (561) 742-1954  
Date Daytime Phone #