

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

09 NOV 25 AM 11:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # *F06000003646*

1. Corporation Name

IRONCLAD SERVICES, INC.

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

1500 MAIN ST. P.O. BOX 15088

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

SUITE 916

Suite, Apt. #, etc.

City & State

SPRINGFIELD, MA

City & State

Zip

01115

Country

USA

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

AUGUST 24, 2004

5. FEI Number  
20 1983305

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  
Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable)  
1201 Hays Street

Suite, Apt. #, Etc.

City  
Tallahassee

State  
FL

Zip Code  
32301

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

*Sue G. Knight*

Sue G. Knight  
as its agent

Date NOVEMBER 19, 2009

REGISTERED AGENT MUST SIGN

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
PRES	MATTHEW R CURNUTTE	28 FIRST AVENUE	ENFIELD, CT 06082
		<i>B 12-28/09</i>	
			100163139741 11/30/09--01001--002 **758.75
		<i>ENT 06-09</i>	
			100163139741 12/23/09--01002--008 **141.25

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:

*Matthew R Curnutte*

MATTHEW R CURNUTTE, PRES

11/19/2009

413 693 1371

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (12/08)