Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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RE-SUBMIT

Please retain original filing date of submission 10/23

To:
Division of Corporations
Fax Number : (850)617-6384

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

CORPORATION REINSTATEMENT
CALLOWAY LABORATORIES, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	$750.00

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FILED

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12 OCT 23 PM 2:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F09000000896

1. Corporation Name
CALLOWAY LABORATORIES, INC.

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
34 Commerce Way		same	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Woburn, MA		City & State	
Zip: 01801	Country: U.S.	Zip	Country

CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida: 03/05/09

5. FEI Number: 14-189546 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ $5.00 Additional Fee required for Certification of Status

7. Name and Address of Current Registered Agent

Name: C T 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: [signature] AMY BERTELLI II VICE PRESIDENT Date: 10/23/12

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
CEO	Gail Marcus	34 Commerce Way	Woburn, MA 01801
CFO	Jared Bartok	34 Commerce Way	Woburn, MA 01801
VP Fin.	Steven Boyd	34 Commerce Way	Woburn, MA 01801

10. E-mail Address: gmarcus@callowaylabs.com
(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: [signature] Steven Boyd 10/25/12 781-314-1819

SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

FL018 - 02/15/2011 CT System Online

2012