

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

FILED

96 OCT 30 PM 1:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F90342

1. Corporation Name

SAWYER ASSOCIATES, INC.

Principal Place of Business

% C.T. CORPORATION SYSTEM
8751 W. BROWARD BLVD.
PLANTATION FL 33324

Mailing Address

% C.T. CORPORATION SYSTEM
8751 W. BROWARD BLVD.
PLANTATION FL 33324

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
c/o King & Gilpatric

Suite, Apt. #, etc.

One Boston Place

City & State

Boston, MA

Zip

02108

Country

3. New Mailing Office Address, If Applicable
c/o King & Gilpatric

Suite, Apt. #, etc.

One Boston Place

City & State

Boston, MA

Zip

02108

Country

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

07/12/1982

5. FEI Number

04-2763808

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	RUSSELL, ROSALYN D	400 KINGS POINT DRIVE	N MIAMI BCH FL
OPT	RUSSELL, HENRY	400 KINGS POINT DRIVE	N MIAMI BCH FL

000001998740--3
-11/07/96--01026--009
****375.00 ****375.00

JB11-1-96

8. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

PETER F. SOUZA

REGISTERED AGENT MUST SIGN

Date 10/22/96

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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 under section 119.07(3)(i), 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: H.R. Henry Russell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Oct. 12, 1996 617-367-955
Date Daytime Phone #