

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F93000003628

1. Corporation Name

H.A. REINAUER, INC.

Principal Place of Business

1983 RICHMOND TERRACE
STATEN ISLAND NY 10302

Mailing Address

1983 RICHMOND TERRACE
STATEN ISLAND NY 10302

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Morse, Barnes-Bm (CAW)

Suite, Apt. #, etc.

11601 Trapelo Road

City & State

Waltham, MA

Zip

02451

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

08/10/1993

5. FEI Number

13-3695129

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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
P	REINAUER, CRAIG	1983 RICHMOND TERRACE	STATEN ISLAND NY 10302
T	REINAUER, ALBERT H III	1983 RICHMOND TERRACE	STATEN ISLAND NY 10302
S	WALES, JONATHAN	36 NEW STREET	EAST BOSTON MA 02128
AS	WRY, CHARLES A JR.	42 JOHNSON STREET 45 Thompson Drive	WINCHESTER MA 01890 Sudbury, MA 01776
ATAS	JONES, JOSEPH	1983 RICHMOND TERRACE	STATEN ISLAND NY 10302

8. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

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

Suzanne T. Cayne
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 11-25-98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

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:

Charles A. Wry, Jr.
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/30/98
Date

781-622-5930
Daytime Phone #

CR2040 (9/98)