

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 JAN 14 PM 4:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *F 93000004453*

1. Corporation Name

Cash Management Services, Inc.

2. Principal Office Address

61 No. Beacon Street

Suite, Apt. #, etc.

3rd Floor

City & State

Boston, MA

Zip

02134

Country

USA

3. Mailing Office Address

61 No. Beacon Street

Suite, Apt. #, etc.

3rd Floor

City & State

Boston, MA

Zip

02134

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

10/04/1993

5. FEI Number

042504179

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 00-05

7. Name and Address of Current Registered Agent

Name

Carmen Abad

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

1311 North West Shore Blvd.

Suite, Apt. #, Etc.

Suite 210

City

Tampa

State

FL

Zip Code

33607

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

Carmen Abad

Date January 12, 2005

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	Jeffrey W. Goff	754 West Roxbury Pkwy.	Roslindale, MA 02131
V. Pres	Lorraine Goff	754 West Roxbury Pkwy.	Roslindale, MA 02131

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 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: *Lorraine Goff*

Lorraine Goff

January 12, 2005

617-787-9000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/05)