

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 NOV -3 PM 4:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **F94000000191**

1. Corporation Name

**GEO-CENTERS, INC.**

Principal Place of Business

7 WELLS AVE  
NEWTON CENTRE MA 02159

Mailing Address

7 WELLS AVE  
NEWTON CENTRE MA 02159

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

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

01/13/1994

5. FEI Number

04-2527130

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
CEO	MARRAM, EDWARD P	199 RICE RD.	WAYLAND MA 01778
D	BORTEN, WILLIAM H	10804 BALANTREE LANE	POTOMAC MD
D	WESSLER, BARRY D	12009 SMOKETREE RD.	POTOMAC MD
<del>V</del>	<del>BEERS, RICHARD H</del>	<del>2800 DUNLEIGH DR.</del>	<del>DUNKIRK MD</del>
S	POGARIAN, ANDREA	1138 CENTRE ST.	BROOKLINE MA 02466
D	TOUPS, JOHN M.	1209 STUART ROBESON DR.	MCLEAN VA 22101

8. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS STREET  
SUITE 105  
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. or 617.0505, F.S.

Signature of  
Registered Agent

*Carla Lohi*

**Carla Lohi**  
Asst. Vice President

100024384211

Date 11-3-03

REGISTERED AGENT MUST SIGN

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., 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/28/2003 617-964-7070

CR2E040 (7/03)