

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # **F94000006114**

1. Corporation Name

**MONTEREY INVESTMENTS, INC.**

Principal Place of Business

184 NORTH STREET  
STE 212  
PITTSFIELD MA 01201  
US

Mailing Address

184 NORTH STREET  
STE 212  
PITTSFIELD MA 01201  
US

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

FILED

03 NOV 17 PM 3:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**REINSTATEMENT 2003**

4. Date Incorporated or Qualified  
To Do Business in Florida

11/30/1994

5. FEI Number

04-3248567

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	4 City / State / Zip
PD	CLARKE, THOMAS M	2 GASTON DR	PITTSFIELD MA 01201
TSD/P	CLARKE, LINDA M.	2 GASTON DR	PITTSFIELD MA 01201

300024806373  
11/18/03--01057--001 \*\*245.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

C T CORPORATION  
1200 PINE ISLAND ROAD  
PLANTATION FL 33324

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

REGISTERED AGENT MUST SIGN

**SALVINA AMENTA-GRAY**  
**SPECIAL ASSISTANT SECRETARY**

Date

11-13-03

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 #

CR2E040 (7/03)