

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6384

From:

Account Name : C T CORPORATION SYSTEM
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RE-SUBMIT
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CORPORATION REINSTATEMENT

ANN BEHA ASSOCIATES, INC.

Certificate of Status	0
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Page Count	0273
Estimated Charge	\$1,800.00

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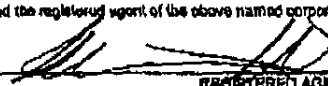
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		CR2E081 (12/08)																					
DOCUMENT # F95000001898																									
1. Corporation Name Ann Beha Associates, Inc.																									
2. Principal Office Address - No P.O. Box # 33 Kingston Street Suite, Apt. #, etc.			3. Mailing Office Address 33 Kingston Street Suite, Apt. #, etc.																						
City & State Boston, MA			City & State Boston, MA																						
Zip 02111	Country	Zip 02111	Country	4. Date Incorporated or Qualified To Do Business in Florida 04/18/1995																					
5. FEI Number 043054332				☐ Applied For ☐ Not Applicable																					
6. CERTIFICATE OF STATUS DESIRED ☐				☐ Additional Fee required for Certificate of Status																					
7. Name and Address of Current Registered Agent Name CT Corporation System Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road Suite, Apt. #, Etc. City Plantation State FL Zip Code 33324																									
8. I, being appointed the registered agent of the above named corporation, hereby certify that the corporation satisfies the requirements of section 607.0506 or 617.0506, F.S. Signature of Registered Agent  Chris McNeel Assistant Secretary Date 4/26/09																									
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) <table border="1"> <thead> <tr> <th>Title</th> <th>Name of Officers and/or Directors</th> <th>Street Address of Each Officer and/or Director</th> <th>City / State / Zip</th> </tr> </thead> <tbody> <tr> <td>PSTD</td> <td>Ann M. Beha</td> <td>133 Commonwealth Avenue</td> <td>Boston, MA 02116</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>						Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip	PSTD	Ann M. Beha	133 Commonwealth Avenue	Boston, MA 02116												
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PSTD	Ann M. Beha	133 Commonwealth Avenue	Boston, MA 02116																						
REINSTATEMENT																									
10. I certify that I am an officer or director of 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 sections 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 contained in Chapter 118, 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: <u>Ann Beha.</u> <u>Ann Beha</u> 4-27-09 617-338-3000 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #																									