


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVAL
FILED

APPLICATION FOR REINSTATEMENT 		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		99 NOV 19 PM 3:20 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # F96000001410 1. Corporation Name American Hard Cider Company, Inc.		Principal Place of Business 8 Pleasant Street, Unit D South Natick, MA 01760		Mailing Address same	
If above addresses are incorrect in any way, line through incorrect information and type correct information below. 2. New Principal Office Address, If Applicable		3. New Mailing Address, If Applicable		DO NOT WRITE IN THIS SPACE 4. Date incorporated or Qualified To Do Business in Florida March 20, 1999	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 04-317 6598	
City & State		City & State		Applied For <input type="checkbox"/> Not Applicable	
Zip		Country		6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>	
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,T,D	Edward K. Flynn	200 Newton St	Weston, MA 02193		
Clerk	Diane R. Flynn	200 Newton St.	Weston, MA 02193		
D	Paul L. Flynn, Sr.	330 Beacon St. #93	Boston, MA 02116		
D	Jean-Michel Valette	28 Maple Ave.	Kentfield, CA 94904		
D	William Threadgold	7 Columbia St.	Framingham, MA 01702		
8. Name and Address of Current Registered Agent C T Corporation System 1200 South Pine Island Road Plantation, Florida 33324			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 607.0605, F.S. Signature of Registered Agent <u>Connie Bryan</u> Connie Bryan, Special Asst. Secy Date <u>11-19-99</u> REGISTERED AGENT MUST SIGN					
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (See other side for information on intangible tax.)					
12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3) (k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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. and that all fees owed by the corporation have been paid. 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>Edward K. Flynn</u> SIGNATURE AND TYPED OR PRINTED NAME SIGNING OFFICER OR DIRECTOR		Edward K. Flynn, President Date		11/18/1999 (508) 651-4909 Daytime Phone #	

REINSTATEMENT

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