

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

AND FILED

98 DEC -2 PM 4:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

APPLICATION FOR REINSTATEMENT

DOCUMENT # **F96000002196**

1. Corporation Name  
**UNION RIVER DEVELOPMENT CORPORATION**

Principal Place of Business Mailing Address  
~~P.O. BOX 956~~  
~~OSTERVILLE, MA 02655~~

**REINSTATEMENT 98**

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

2. New Principal Office Address, if Applicable <b>4769 Sweetmeadow Circle</b> Suite, Apt. #, etc.		3. New Mailing Office Address, if Applicable <b>4769 Sweetmeadow Circle</b> Suite, Apt. #, etc.		4. Date Incorporated or Qualified To Do Business in Florida <b>May 1, 1996</b>	
City & State <b>Sarasota, FL</b>		City & State <b>Sarasota, FL</b>		5. FEI Number <b>01-0429620</b>	
Zip <b>34238</b>		Zip <b>34238</b>		Country <b>USA</b>	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				Applied For Not Applicable	
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
D	GITLIN, LINDA J.	8 Lakeview Road	Boston, MA 02130
D	GITLIN, DAVID F.	110 Meetinghouse Path	Ashland, MA 07121
D	KAUFFMAN, DIANE B.	110 Meetinghouse Path	Ashland, MA 01721
PTD	FAGIN, ROBERT	4769 Sweetmeadow Circle	Sarasota, FL 34238

8. Name and Address of Current Registered Agent <b>RUDEN, McCLOSKEY SMITH, SCHUSTER &amp; RUSSELL, P.A.</b> 1549 Ringling Boulevard Sarasota, Florida 34236		9. Name and Address of New Registered Agent Name <b>ROBERT FAGIN</b> Street Address (P.O. Box Number is Not Acceptable) <b>4769 Sweetmeadow Circle</b> Suite, Apt. #, Etc. City <b>Sarasota</b> State <b>FL</b> Zip Code <b>34238</b>	
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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.  
Signature of Registered Agent: *Robert Fagin* REGISTERED AGENT MUST SIGN Date: \_\_\_\_\_

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes  No  (See other side for information on intangible tax.)

12. 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: *Robert Fagin* Robert Fagin November 25, 1998 (941) 922-7277  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (1/98)