

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Jim Smith**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 DEC 20 AM 9:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **F96000002751**

1. Corporation Name

**CAREMATRIX OF MASSACHUSETTS, INC.**

Principal Place of Business

120 WELLS AVENUE  
NEWTON MA 02459

Mailing Address

120 WELLS AVENUE  
NEWTON MA 02459



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

REINSTATEMENT

4. Date Incorporated or Qualified  
To Do Business in Florida

06/03/1996

5. FEI Number

04-3312235

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
D	<del>CATALDO, ROBERT</del> Zaccaro, Michael	120 WELLS AVENUE	NEWTON MA 02459
SVPS	CURRIE, DAVID B	120 WELLS AVENUE	NEWTON MA 02459
PCEO	ZACCARO, MICHAEL	120 WELLS AVENUE	NEWTON MA 02459
VY	ZAYLOR, PAUL	120 WELLS AVENUE	NEWTON MA 02459

8. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 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 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

*Tammy Tofteroo*  
**TAMMY TOFTEROO**  
**ASSISTANT SECRETARY**  
REGISTERED AGENT MUST SIGN

Date

Dec. 19, 2002

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.

Carematrix of Massachusetts, Inc.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*David B. Currie*  
**DAVID B. CURRIE**  
**SECRETARY**

Date

11/4/02

Daytime Phone #

CR2040 (8/02)