

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

03 NOV -4 AM 11:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F96000006826**

1. Corporation Name

K B TOY OF MASSACHUSETTS, INC.

Principal Place of Business

Mailing Address

100 WEST STREET
PITTSFIELD MA 01201

100 WEST STREET
PITTSFIELD MA 01201

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

4. Date Incorporated or Qualified
To Do Business in Florida

12/27/1996

5. FEI Number

04-2956093

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
DP	GLAZER, MICHAEL L	100 WEST STREET	PITTSFIELD MA 01201
DV	FELDMAN, ROBERT J	100 WEST STREET	PITTSFIELD MA 01201
S VP/S	GRADY, KENNETH A	100 WEST STREET	PITTSFIELD MA 01201

800024409748
11/04/03--01036--001 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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.

Corporation Service Company

Signature of Registered Agent By: James Grier James Grier, Auth Rep. Date 10/29/2003
REGISTERED AGENT MUST SIGN

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

Kenneth A. Grady
Vice President and Secretary

Date

Daytime Phone #

413-496-3180

CR2E040 (7/03)



100 West Street
Pittsfield, MA 01201
(413) 496-3180
(413) 496-3165 Fax
KGRADY@KBTOYS.COM

Kenneth A. Grady
Vice President, General Counsel and Secretary

October 15, 2003

Secretary of State
Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, Florida 32314-6327

RE: KB Toy of Massachusetts Inc.
Certificate of Administrative Dissolution or Revocation
Document Number: F96000006826

Dear Sir or Madam:

The UBR notices for the above corporation were not received, therefore KB Toy of Massachusetts, Inc., is not obligated to pay the Reinstatement Fee of \$600.00.

Enclosed, please find the fully executed Application for Reinstatement along with a check for the filing fee of \$150.00.

Please contact Laurie Monitto, Paralegal at Tel: (413) 496-3301 or e-mail LMONITTO@KBTOYS.COM, if you have any questions or require further information.

Sincerely,

A handwritten signature in cursive script, appearing to read 'Kenneth A. Grady'.

Secretary
KG/ljm