

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # F97000001142

1. Corporation Name

THE CRAMER PRODUCTION COMPANY, INC.

Principal Place of Business

425 UNIVERSITY AVE.
NORWOOD MA 02062

Mailing Address

425 UNIVERSITY AVE.
NORWOOD MA 02062

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

03/05/1997

5. FEI Number

04-2745741

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PDC	MARTIN, THOMAS J SR	1818 WASHINGTON ST.	CANTON MA 02021
S	MARTIN, THOMAS J JR	429 SPRING LAKE 10 Kings Rd	CANTON MA 02021
T	MARTIN, TIMOTHY W	69 MECHANIC ST. 12 Country Lane	CANTON MA 02021
D	MARTIN, GREGORY M	40A WILLIAMS AVE. 9 Mohawk Rd	HYDE PARK MA 02136 Canton, MA 02021
D	MARTIN, CHRISTOPHER P	49 LEWIS ST. 36 Fairview Street	CANTON MA 02021
900004671229--6 -11/07/01--01066--019 ****750.00 ****750.00			

8. Name and Address of Current Registered Agent

WELCH, RICKY L
7380 SAND LAKE RD.
ORLANDO FL 32819

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10/15/01

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/15/01

Daytime Phone #

(781) 278-2330

CR2E040 (9/01)