

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F97000002286

1. Corporation Name

NEW BOSTON SELECT GROUP, INC

2. Principal Office Address

60 HARVARD MILL SQUARE

Suite, Apt. #, etc.

City & State

WAKEFIELD, MA

Zip

01880-3208

Country

USA

3. Mailing Office Address

60 HARVARD MILL SQUARE

Suite, Apt. #, etc.

City & State

WAKEFIELD, MA

Zip

01880-3208

Country

USA

**REINSTATEMENT 99-00**

4. Date Incorporated or Qualified  
To Do Business in Florida

4/30/97

5. FEI Number

94-3209040

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

CT Corporation System

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

1200 South Pine Island Road

Suite, Apt. #, Etc.

% CT Corporation System

City

Plantation

000003496560-8

-12/12/00--01027--018

\*\*\*\*900.00 \*\*\*\*900.00

State  
FL

Zip Code

33324

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

*Vicky Goldstein*

**VICKY GOLDSTEIN**  
SPECIAL ASSISTANT SECRETARY

Date

10/10/00

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres./ Director	Joseph L. Strong	13 Olde Coach Rd.	N. Reading, MA 01867
Treas/ Clerk	Nicholas J. Lento	22 Whitman Avenue	Melrose, MA 02176
Asst. Clerk	Michael N. Sheetz	116 Laurel Drive	Needham, MA 02192
Asst. Clerk	Ronald Fuccillo	5 Patrick Circle	Stoneham, MA 02180
Director	Nicholas J. Lento	22 Whitman Avenue	Melrose, MA 02176
Director	Charles Kenneth Z. Miles	Ziggurat Grosvenor Rd.	St. Albans, Hertfordshire, England

10. 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:

*Ronald Fuccillo*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/31/00

Date

(781) 213-1500

Daytime Phone #

CR2E081 (9/99)