	PLEASE READ	ALL INST	RUCT	TIONS BEFORE (COMPLET	ING THIS FOR	M
		FLORIDA	DA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		01	FILED NOV-9 PM 4:	 4 <i>9</i> °
DOCUME 1. Corporation Nan		000469	8		TALI	CRETARY OF STATI AHASSEE, FLORID	3 Â
	NSURANCE AGEN					-	
Principal Place of Business Mailing Address 500 STAPLES DRIVE 500 STAPLES FRAMINGHAM MA 01702 FRAMINGHAM			DRIVE				
f above addresses	are incorrect in any way, line th	rough incorrect info	ormation :	and enter correction below.	9ARE	INSTATE	VIENT 20
			Office A	ddress, If Applicable	4. Date Incorp	orated or Qualified	
Suite, Apt. #, etc. Suite			Suite, Apt. #, etc.			г	09/09/1997
City & State	City & State	City & State			04-3391859	Applied For Not Applicable	
Zip	Country	Zip		Country	6. CERTIFICATE	OF STATUS DESIRED	\$8.75 Additional Fee require for a Certificate of Status
7. Names and Stree	t Addresses of Each Officer and	or Director (Florid	da nonpro	fit corporations must list at lea	ıst 3 directors)	JUUU469	07285
Title(s) Name of Officers and/or Directors			Street Address of Each Officer and/or Director				-U1U43UU5 (\$ ^{tate} ¥₹•*750.00
OP LEVITAN, JEFFREY L Gross, Mitchell			500 STAPLES DRIVE			FRAMINGHAM MA 0	1702
S VAN V	VAN WOERKOM, JACK			APLES DRIVE		FRAMINGHAM MA 01702	

Title(s)	name of Officers and/or Directors		Street Address of Each Officer and/or Director	4 ****750°!Y05'ate*4#**750.00	
DP	LEVITAN, JEFFREY L Gross, Mitchell	500 STAPLES DRIVE		FRAMINGHAM MA 01702	
S	VAN WOERKOM, JACK	500 STAPLES DRIVE		FRAMINGHAM MA 01702	
D	MAHONEY, JOHN J	500 STAPLES DRIVE		FRAMINGHAM MA 01702	
. V	SABOTIN, JOSEPH J	1814 COLONIAL DR.		GREEN COVE SPRINGS FL 32043	
Т	HICKEY, PATRICK A- SWAMSON, WILLIAM	500 STAPLES	DRIVE	FRAMINGHAM MA 01702	
	8. Name and Address of Current Registe	red Agent	9. Name and Address of New Registered Agent		
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324			Name Street Address (P.O. Box Ni Suite, Apt. #, Etc. City	umber is Not Acceptable) State 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.

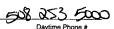
Signature of Registered Age

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:



CT CORPORATION SYSTEM

CORPORATION(S) NAME				
Staples Insurance Agency, Inc.				
0				
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() Dua Et	() A m	endment	() Merger	OIVISIBLOL SOURCED
() Profit () Nonprofit	() Ame	indinem	() Meiger	01 ISI
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()1010.g		statement	()	9 7 0
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		tious Name	() UCC	
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() Call When Ready	() Call	If Problem	() After 4:30	
(x) Walk In	() Will	Wait	(x) Pick Up	
() Mail Out				
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Name	11.	/9/01	Order#: 4905389	
Availability				
Document Examiner			Ref#:	
Updater			NG1#.	-
Verifier				
W.P. Verifier			Amount: \$	

660 East Jefferson Street
Tallahassee, FL 32301
Tel. 850 222 1092
Fax 850 222 7615