

# 2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED

08 DEC -1 AM 10:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DOCUMENT # F97000005171	
1. Entity Name JAMIESON MANAGEMENT COMPANY, INC.	



Principal Place of Business 627 MAIN ST. #1 WOBURN, MA 01801	Mailing Address 627 MAIN ST. #1 WOBURN, MA 01801
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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10132008 REIN-P CR2E098 (1/07)

4. FEI Number 04-3378024	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent JAMIESON, ROBERT J 1111 N. GULFSTREAM AVE #18B SARASOTA, FL 34236		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After January 1, 2009, Fee will be \$300.00**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY ST ZIP	PD JAMIESON, ROBERT J 1111 N. GULFSTREAM AVE #18B SARASOTA, FL 34236	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	000138344860 12/01/08--01065--018 **158.75	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD JAMIESON, SUSAN E 1111 N. GULFSTREAM AVE # 18B SARASOTA, FL 34236	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JAMIESON, PETER C 201 MAIN ST. #37 WOBURN, MA 01801	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D 5 COYNE DRIVE WOBURN MA 01801	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JAMIESON, DAVID S 40 NORTH STREET LEXINGTON, MA 02420	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY ST ZIP	3 BURLINGTON ST. WOBURN MA 01801	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY ST ZIP	D JAMIESON, PAUL J 12 MYSTIC ST #2 CHARLESTOWN, MA 02129	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	207 TEMPLE STREET WEST ROXBURY MA 02132	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY ST ZIP	DC JAMIESON, SCOTT J 4 HAMMOND WAY ANDOVER, MA 01810	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE Paul J. Jamieson 11/20/08 (781) 933-5783  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Paul J. Jamieson

12/8/08