

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 MAY 11 PM 2:54

DOCUMENT # F97000005639

1. Corporation Name

DTR Associates, Inc. of Massachusetts

2. Principal Office Address

10 California Avenue

Suite, Apt. #, etc.

City & State

Framingham, MA

Zip

01701

Country

USA

3. Mailing Office Address

150 E. Palmetto Pk Rd

Suite, Apt. #, etc.

Suite 700

City & State

Boca Raton, FL

Zip

33432

Country

USA

REINSTATEMENT 00-01

**4. Date Incorporated or Qualified
To Do Business in Florida**

10/27/97

5. FEI Number

04-3125668

Applied **SP**
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$38.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Beth M. Geller

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

150 E. Palmetto Park Road

Suite, Apt. #, Etc.

Suite 700

City

Boca Raton

State

FL

Zip Code

33432

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

Beth M. Geller

REGISTERED AGENT MUST SIGN

Date

4/30/01

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
C/T/D	Victor Grillo, Sr.	150 E. Palmetto Pk Rd	Boca Raton, FL 33432
P	Raymond J. Wysocki, Jr.	10 California Avenue	Framingham, MA 01701
S/V	Beth M. Geller	150 E. Palmetto Pk Rd	Boca Raton, FL 33432
V	Christine McCartney	10 California Avenue	Framingham, MA 01701
V	Mark Anderson	10 California Avenue	Framingham, MA 01710
V	Cathy Ryan	10 California Avenue	Framingham, MA 01701

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:

Beth M. Geller

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/01

Date

(561) 391-2600

Daytime Phone #

CR2E081 (9/00)