

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 JUN 22 AM 10:50

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **F970000006584**

1. Corporation Name

CORPORATE SOFTWARE & TECHNOLOGY, INC.

2. Principal Office Address

2 Edgewater Drive

Suite, Apt. #, etc.

City & State

Norwood, MA

Zip

02062

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

99-01

4. Date Incorporated or Qualified
To Do Business in Florida

12/12/97

SP

5. FEI Number

04-3400227

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.

City

Plantation

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

Cameron Read

REGISTERED AGENT MUST SIGN

Date

6/24/01

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
Pres	Howard S. Diamond	100 Superior Plaza Way, Suite 200	Superior, CO 80027
Treas	Jacquelyn Barry Hamilton	2 Edgewater Drive	Norwood, MA 02062
Sec	Cameron Read	53 State Street	Boston, MA 02109
Dir	Howard S. Diamond	100 Superior Plaza Way, Suite 200	Superior, CO 80027

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:

Cameron Read

Cameron Read, Secretary

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/19/01
Date

617-248-5000

Daytime Phone #