

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 OCT 24 PM 6:52

DOCUMENT # F98000001821

1. Corporation Name

NORTHLAND SOUTHWEST PARTNERS INCORPORATED

Principal Place of Business

2150 WASHINGTON ST.  
NEWTON MA 02462

Mailing Address

2150 WASHINGTON ST.  
NEWTON MA 02462

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

03/31/1998

5. FEI Number

04-3414872

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	GOTTESDIENER, LARRY R	111 ARNOLD RD.	WELLESLEY MA 02181
TASD	GATOF, ROBERT S	6 ROCKWOOD RD.	SHERBORN MA 01770
S	ROSENTHAL, STEVEN P	39 ORCHARD ST.	MARBLEHEAD MA 01945

300004678773 2  
-11/14/01--01054--020  
\*\*\*150.00 \*\*\*150.00

8. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

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 Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

AD

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-15-01 617-630-7251



2150 Washington Street  
Newton, Massachusetts 02462

Telephone: 617.965.7100  
Telecopier: 617.965.7101

October 12, 2001

Mr. Sean Toner  
Division of Corporations  
Annual Report/Reinstatement Section  
P.O. Box 6327  
Tallahassee, FL 32314-6327

Re: NORTHLAND SOUTHWEST PARTNERS INCORPORATED

Dear Mr. Toner:

Pursuant to our telephone conversation of today, enclosed please find a completed Application for Reinstatement along with our check in the amount of \$150.00 as you requested. This was previously paid but, it was applied to Northland Southwest Partners Limited Partnership instead of the above referenced entity.

If you have any other questions, please call me directly at (617) 630-7251.

Very truly yours,

A handwritten signature in cursive script that reads "Beverly Stone".

Beverly Stone  
Executive Assistant

Enclosure