

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
DIVISION OF CORPORATIONS

01 APR 30 PM 3:30

DOCUMENT # **F98000003498**

1. Corporation Name

LCC Financial Corporation

2. Principal Office Address

40 Salem Street

Suite, Apt. #, etc.

Building One

City & State

Lynnfield, MA 01940

Zip

01940

Country

Essex

3. Mailing Office Address

40 Salem Street

Suite, Apt. #, etc.

Building One

City & State

Lynnfield, MA 01940

Zip

01940

Country

Essex

REINSTATEMENT

00-01

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

02-0496403

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

NRAI Services, Inc.

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

526 E. Park Avenue

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

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

B. April Brady, Asst. Secy

Date

3-22-01

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. Daniel Wilensky

40 Salem Street

Lynnfield, MA 01940

Treas. Paul Hirshberg

3762-B Dekalb Technology Pkwy.

Atlanta, GA 30340

V.P. Michael Bridgman

40 Salem Street

Lynnfield, MA 01940

4/5/10

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-9-01

Daytime Phone #

781-216-2992

CR2E081 (9/00)