

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FORMED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 JUN -5 AM 9:09

CORPORATION REINSTATEMENT



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

DOCUMENT # **F98000003665**
1. Corporation Name
The Torrey Company, Inc.

50004416775--2
-06/13/01--01009--003
***1058.75 ***1058.75

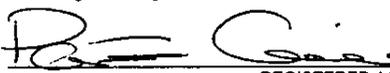
2. Principal Office Address 13 Messenger Street		3. Mailing Office Address 13 Messenger Street	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Plainville, MA		City & State Plainville, MA	
Zip 02762	Country USA	Zip 02762	Country USA

4. Date Incorporated or Qualified To Do Business in Florida June 26, 1998	Applied For <input type="checkbox"/>
5. FEI Number 22-2669758	Not Applicable <input type="checkbox"/>
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>	

7. Name and Address of Current Registered Agent

Name CT Corporation System		
Street Address (P.O. Box Number is Not Acceptable) c/o CT Corporation System 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:  **PATRICIA A. CANARIO,** Date **6/1/01**
REGISTERED AGENT MUST SIGN SPECIAL ASSISTANT SECRETARY

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
P/D	Peter D. Androski	41 Hobart Lane	Cohasset, MA 02025
T/S/D	Vascen J. Bogigian	204 Winter Street	Hopkinton, MA 01748
	900.00 - Adm		
	61.25 - AR		
	88.75 - ARSUPP		
	8.75 - Cost		

REINSTATEMENT 98-01

M.W.

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:  **VASCEN J. BOGIGIAN** Date **5/31/01** 508 695-6005 EXT. 297
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CT CORPORATION SYSTEM

CORPORATION(S) NAME

The Torrey Company, Inc.

0

- | | | |
|--|---|---|
| <input type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> Nonprofit | | |
| <input type="checkbox"/> Foreign | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark |
| | <input checked="" type="checkbox"/> Reinstatement | |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Annual Report | <input type="checkbox"/> Other |
| <input type="checkbox"/> LLC | <input type="checkbox"/> Name Registration | <input type="checkbox"/> Change of RA |
| | <input type="checkbox"/> Fictitious Name | <input checked="" type="checkbox"/> UCC |
| <input type="checkbox"/> Certified Copy | <input type="checkbox"/> Photocopies | <input checked="" type="checkbox"/> CUS |
| <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Call If Problem | <input type="checkbox"/> After 4:30 |
| <input checked="" type="checkbox"/> Walk In | <input type="checkbox"/> Will Wait | <input checked="" type="checkbox"/> Pick Up |
| <input type="checkbox"/> Mail Out | | |

Name _____
 Availability _____
 Document _____
 Examiner _____
 Updater _____
 Verifier _____
 W.P. Verifier _____

6/5/01

cjc

Order#: 4465659

Ref#: _____

Amount: \$ MLK

DEPARTMENT OF STATE
 DIVISION OF CORPORATIONS
 TALLAHASSEE, FLORIDA

01 JUN -5 AM 11:30

RECEIVED

660 East Jefferson Street
 Tallahassee, FL 32301
 Tel. 850 222 1092
 Fax 850 222 7615