

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # F98000005891

1. Corporation Name

POST AND GROSS, INC.

Principal Place of Business

328 COMMONWEALTH AVE.  
BOSTON MA 02202

Mailing Address

328 COMMONWEALTH AVE.  
BOSTON MA 02202

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

2. New Principal Office Address, If Applicable

328 Commonwealth Ave  
1st Floor

3. New Mailing Office Address, If Applicable

328 Commonwealth Ave  
1st Floor

City & State

Boston, MA

City & State

Boston MA

Zip

02115

Country

Suffolk

Zip

02115

Country

Suffolk

4. Date Incorporated or Qualified  
To Do Business in Florida

10/22/1998

5. FEI Number

NOT APPLICABLE

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
DP	GROSS, NELSON H	280 PARK AVE. SOUTH	NEW YORK NY 10010
DV	KAPLAN, ANDREW O	328 COMMONWEALTH AVE.	BOSTON MA 02115
ST	POST, MICHELLE	328 COMMONWEALTH AVE.	BOSTON MA 02115

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GROSS, IRMA  
6080 HUNTWICK TERR., STE. 308  
DELRAY BEACH FL 33484

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

*Irma Gross*  
REGISTERED AGENT MUST SIGN

Date 10/13/99

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.

KE

SIGNATURE:

*Michelle Post*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/14/99 617-578-0874  
Date Daytime Phone #

FILED  
99 OCT 19 AM 10:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT 990

CR25046 (8/99)