PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
00 OCT 30 PM 2:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F98000006535

1. Corporation Name
Strategic Alternatives, Inc.

REINSTATEMENT

2. Principal Office Address	3. Mailing Office Address
902 Albee Road	902 Albee Road
Suite, Apt. #, etc. —	Suite, Apt. #, etc. —
City & State: Nokomis, Fl	City & State: Nokomis, Fl
Zip: 34275 Country: USA	Zip: 34275 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 10/28/98 SP

5. FEI Number: 04-3438933 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: CT Corporation System

500000345532S--0
-11/07/00--01076--011
****750.00 ****750.00

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: Amy Bertoletti AMY BERTELETTI Date: 10-27-00
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
PD	Stephen G. McLean	222 Rosewood Drive	Danvers, MA 01923
ST	Raymond P. Wilson	222 Rosewood Drive	Danvers, MA 01923
VD	Jenny A. Lewis	222 Rosewood Drive	Danvers, MA 01923
V	Joe Post	222 Rosewood Drive	Danvers, MA 01923
V	Deborah Zovies	222 Rosewood Drive	Danvers, MA 01923
AS	David Collins	222 Rosewood Drive	Danvers, MA 01923
D	Kevin N. Blayne	222 Rosewood Drive	Danvers, MA 01923

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: David Collins, Asst. Sec 10/25/00 978-762-7700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

FL010 - 10/05/00 C T System Online