APPROVED
AND
FILED

06 MAY -2 PM 2:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F99000001803

1. Corporation Name
CAP WORLD INC. OF FLORIDA

REINSTATEMENT 01-06

GR2E081 (12/05)

2. Principal Office Address	3. Mailing Office Address
15 West Emerson St.	15 West Emerson St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Melrose, MA	Melrose, MA
Zip: 02176 Country: USA	Zip: 02176 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida 4/06/99

5. FEI Number 04-2905057 ☐ 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
CT Corporation System

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 LAUREN H. KREATZ, SPECIAL ASSISTANT SECRETARY Date 4/25/06

REGISTERED AGENT MUST SIGN

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
PDTC	Charles A. Holden, Jr.	14 Mills Point	Middleton, MA 01949

300074351233
05/10/06 01004 012 **1500.00

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 contained in Chapter 119, 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: Charles A. Holden Jr. 4/11/06 781.662.8000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

5/Rev