

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham,
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

98 MAY -7 AM 11:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L07194

1. Corporation Name

Eligibility Management Systems, Inc.

Principal Place of Business

**2215 Alicia Lane
Atlantic Beach
FL 32233**

Mailing Address

**2215 Alicia Lane
Atlantic Beach
FL 32233**

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable
189 Wells Avenue

4. Date Incorporated or Qualified
To Do Business in Florida

8/3/89

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Newton MA

5. FEI Number

59-2957887

Applied For

Not Applicable

Zip

Country

Zip

Country

02159 USA

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P/D	G. Drew Conway	189 Wells Avenue	Newton, MA 02159
V/T/D	Robert E. Foley	189 Wells Avenue	Newton, MA 02159
V/S/D	Richard L. Bugley	189 Wells Avenue	Newton, MA 02159

600002514986--9

REINSTATEMENT

97/98

a. alan

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**Corporation Service Company
1201 Hays Street
Tallahassee, FL 32301**

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

Coral V. Doh

REGISTERED AGENT MUST SIGN

Date 5-6-98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☐

(See other side for information
on intangible tax.)

12. 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

Richard L. Bugley
Vice President

4/30/98 (617) 527-6886
Date Daytime Phone #

CR2E040 (1/98)



ACCOUNT NO. : 072100000032

REFERENCE : 808418 4304990

AUTHORIZATION

Patricia Pizit

COST LIMIT : \$ 908.75

ORDER DATE : May 6, 1998

ORDER TIME : 9:47 AM

ORDER NO. : 808418-005

CUSTOMER NO: 4304990

CUSTOMER: Cynthia Hunt, Legal Asst
Ropes & Gray
One International Pl

Boston, MA 02110

DOMESTIC FILINGS

NAME: ELIGIBILITY MANGEMENT SYSTEMS,
INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
____ PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Robert Maxwell

EXAMINER'S INITIALS

A. Alan
5/7/98
DIVISION OF CORPORATION
98 MAY -7 AM 10:40
RECEIVED