

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 APR 09 PM 2:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



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

DOCUMENT # L82586

1. Corporation Name

Boxford Corporation

2. Principal Office Address

1625 Hendry Street

3. Mailing Office Address

1625 Hendry Street

Suite, Apt. #, etc.

Third Floor

Suite, Apt. #, etc.

Third Floor

City & State

Fort Myers, FL

City & State

Fort Myers, FL

Zip

33901

Country

USA

Zip

33901

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

6/22/1990

5. FEI Number

650208372

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

Mark A. Ebelini, Esq.

Street Address (P.O. Box Number is Not Acceptable)

1625 Hendry Street

Suite, Apt. #, Etc.

Third Floor

City

Fort Myers

State

FL

Zip Code

33901

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

Mark A. Ebelini

Date

4/10/02

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
D	Alfred M. Helo, Jr.	939 Beach Road	Sanibel, FL 33957
D	James A. Hall	1601 Llewelyn Drive	Fort Myers, FL 33901

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:

James A. Hall DIRECTOR
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/10/02

Daytime Phone #

941.337.5524

CR2E081 (9/01)