PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 AUG -4 AM 11:48

600039914156
08/05/04--01063--010 **1058.75

REINSTATEMENT 02-04

DOCUMENT # P00000044633

1. Corporation Name
HFS of America, Inc.

413 River Road
P.O. Box 186

2. Principal Office Address		**3.** Mailing Office Address	
413 River Road		P.O. Box 186	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Hudson, MA		City & State: Ashland, MA	
Zip: 01749	Country: USA	Zip: 01721	Country: USA

4. Date Incorporated or Qualified To Do Business in Florida 5/3/2000

5. FEI Number 65-1004461 ☐ 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: John P. Driscoll

Street Address (P.O. Box Number is Not Acceptable): 3409 South East Tenth Place

Suite, Apt. #, Etc.:

City: Cape Coral | State: FL | Zip Code: 33904

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: John P. Driscoll — Date: 8/2/2004
REGISTERED AGENT MUST SIGN

CR2E081 (01/04)

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
P/D	Shawn Driscoll	5 Kings Row	Ashland, MA 01721
T/D	Patrick Johnson	23 Lighthouse Rd	Scituate, MA 02066
C/D	Bruce Dearborn	89 Mount Pleasant Rd	Milford, MA 01757
D	Albert Belanger	95 Abbott St	East Providence, RI 02914

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: Shawn Driscoll SHAWN DRISCOLL, PRESIDENT — 8/3/2004 — 800-318-4243
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #