


NO. 8605 P. 2
FILED H 0500 0196495 3

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

05 AUG 16 AM 8:19

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P23448					
1. Corporation Name Metropole of Massachusetts, Inc.					
2. Principal Office Address Pilot House, Lewis Wharf			3. Mailing Office Address same		
State, Apt. #, Etc. Second Floor			State, Apt. #, Etc.		
City & State Boston, MA			City & State		
Zip 02110	Country USA	Zip	Country	4. Date Incorporated or Qualified To Do Business in Florida 3/16/89	
				5. FEI Number 04-3051441	Applied For Not Applicable
				6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> <small>§ 19 Additional Fee is required for a Certificate of Status.</small>	

REINSTATEMENT
 04-05

7. Name and Address of Current Registered Agent

Name
Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable)
1201 Hays Street

State, Apt. #, Etc.

City
Tallahassee

State
FL

Zip Code
32301

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0506 or 617.0503, F.S.

Signature of Registered Agent Cynthia L. Harris **Cynthia L. Harris** Date 8/16/05
REGISTERED AGENT MUST SIGN as its agent

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres./ Treas./ Secty./ sole director	Christopher W. Collins	Pilot House, Lewis Wharf, Second Floor	Boston, MA 02110

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: Christopher W. Collins **Christopher W. Collins, Pres.** Date 8/16/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #:

**Florida Department of State
Division of Corporations
Public Access System**

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H05000196495 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)205-0384

From:

Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850)521-1000
Fax Number : (850)558-1575

CORPORATION REINSTATEMENT

METROPOLE OF MASSACHUSETTS, INC.

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$908.75

Electronic Filing Menu

Corporate Filing

Public Access Help