

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
97 OCT -1 PM 12:38

DOCUMENT # P27858
1. Corporation Name ZVI Construction Co., Inc.
930 COMMONWEALTH AVENUE SOUTH
BOSTON MA 02215
US

W97-21312

Principal Place of Business Mailing Address
ZVI CONSTRUCTION CO., INC.
930 COMMONWEALTH AVE SOUTH
BOSTON MA 02215

REINSTATEMENT 96-97

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		4. Date Incorporated or Qualified To Do Business in Florida 01/25/1990	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 04-2533948	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
PTD	SCHWARZMAN, ZVI	51 CANTEBURY LANE	NEEDHAM MA
D	STERNBERG, RICHARD	142 WOODBINE CIRCLE	NEEDHAM MA
D	BALZARINI, BRIAN	185 QUINCY SHORE DRIVE	QUINCY MA

600002315476--2
-10/08/97--01115--007
****915.00 ****915.00

8. Name and Address of Current Registered Agent SHAPIRO, THOMAS B 1191 OLD COLONY LANE MAITLAND FL 32751		9. Name and Address of New Registered Agent 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 Thomas B Shapiro REGISTERED AGENT MUST SIGN Date 7/12/97

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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: Brian J. Balzarini CFO 9/12/97 (617) 731-5599
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CPRE040 (12/96)