APPLICATION FOR REINSTATEMENT	FLORI	DA DEPARTMEN Katherine Ha Secretary of S DIVISION OF CORPOR	NT OF STATE a <b>rris</b> State	FILED		
DOCUMENT # P30300 1. Corporation Name Massachusetts Pointe Corporation				99 JAN 28 AH IO: 25 Secretary of State Tallahassee. Florida		
Principal Place of Business Suite 108	Mailing Ad			9000027647396		
2 Newton Executive Par Newton, MA 02462	k 2 Newt	Suite 108 2 Newton Executive Park Newton, MA 02462		***1658.75 ****1658.75		
If above addresses are incorrect in any way 2. New Principal Office Address, If Applicab		t information and enter i ailing Office Address, If		EINSTATE To Do Business in Florid	MENT	
Suite, Apt. #, etc.		Suite, Apl. #, etc.		5 FEI Number	7/13/90 Applied For	
City & State Zro Country	City & Stat	Country		04–2963954 6.	Not Applicable \$8.75 Additional Fee required	
· · · · · · · · · · · · · · · · · · ·				CERTIFICATE OF STATUS	DESIRED L for a Certificate of Status	
7. Names and Street Addresses of Each Off Name of Off Title(s) And/or Direc	cers	Str	itions must list at lea eet Address of Each icer and/or Director	· · · · · · · · · · · · · · · · · · ·	City ( State / Zeo	
2		3 (Do NOT Use Post Office Box Number:		lumbers) 4	City / State / Zip	
PTS D Edward A. Accomando, Jr.		384 North Main Street		et Andov	er, Ma 01810	
D Robert B. Accomando		144 Treble Cove Road		d Bille	Billerica, MA 01821	
8. Name and Address of	Current Registered A	gent	Name	9. Name and Address of I	New Registered Agent	
Robert C. Furr, Esq. Furr and Cohen, P.A. 1499 W. Palmetto Park H Suite 412 Boca Raton, FL 33486			Street Address (F 109 S.E. Suite, Apt #, Etc City Ft, Lat	en Fine, Esq. 'O Box Number is Not Accep 9th Street uderdale	State Zip Code FL 33316	
10. 1, being appointed the registered agent of Signature of Registered Agent	2	GENT MUST SIGN	m and accept the or	Date	1/25/99	
11. This corporation owes Intangible Personal P			Yes		(See other side for information on intangible tax.)	
12. I certify that I am an officer or director or I this reinstatement application, the reason owed by the corporation have been paid on this application is true and accurate, and	for dissolution has bee and the names of indiv	an eliminated, the corpo iduals listed on this forr	rate name satisfies n do not qualify for a	the requirements of section 6 an exemption under section 1		
SIGNATURE: SIGNATURE AND TYPE	DOR PRINTED NAME OF	Signing OFFICER OR D	JV. DIRECTOR	1/22/1	99 617- 629-2626 Daytime Phone #	

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