

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P33907

1. Corporation Name

CORPORATEFAMILY SOLUTIONS, INC.

Principal Place of Business

209 10TH AVE S
STE 300
NASHVILLE TN 37203
US

Mailing Address

209 10TH AVE S
STE 300
NASHVILLE TN 37203
US

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/13/1991

5. FEI Number

62-1302117

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	SALLEE, MARGUERITE W.	209 10TH AVE S STE 300	NASHVILLE TN 37203
T	HOGREFE, MICHAEL E.	209 10TH AVE S STE 300	NASHVILLE TN
AS	HUGGINS, DIANE	167 EAST DRIVE	HENDERSONVILLE TN
PD	ROBER BROWN	One Kendall Sq Bldg 200, Ste 223	BOSTON, MA 02139
AS	STEVE DRIER	One Kendall Sq Bldg 200, Ste 223	BOSTON, MA 02139
T	ELIZABETH BOLAND	One Kendall Sq Bldg 200, Ste 223	BOSTON, MA 02139

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

Name CORPORATION SERVICE COMPANY

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

1201 HAYS STREET

Suite, Apt. #, Etc.

SUITE 105

City TALLAHASSEE

State FL

Zip Code 32301

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

Janet L. Blencoe

REGISTERED AGENT MUST SIGN

Date 11-11-99

11. 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:

Elizabeth J. Boland ELIZABETH J. BOLAND

11/11/99

Date

617-577-8020

Daytime Phone #

CR2040 (8/99)