

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 NOV -3 PM 12:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

P33907

1. Corporation Name

SOLUTIONS, INC.

2. Principal Office Address

200 TALCOTT AVE. So.

Suite, Apt. #, etc.

City & State

WATERTOWN, MA

Zip

02472

Country

USA

3. Mailing Office Address

200 TALCOTT AVE. So.

Suite, Apt. #, etc.

City & State

WATERTOWN, MA

Zip

02472

Country

USA

CR2E081 (8/05)

4. Date Incorporated or Qualified
To Do Business in Florida

5/13/91

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. Name and Address of Current Registered Agent

Name

CORPORATION SERVICE COMPANY

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

1201 HAYS STREET

Suite, Apt. #, Etc.

SUITE 105

City

TALLAHASSEE, FL

100061622821

11/22/05--01036--020 **158.75

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 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Stanley R. Howie, Jr.

Stanley R. Howie, Jr.
Assistant Secretary

REGISTERED AGENT MUST SIGN

Date NOVEMBER 2, 2005

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
D	DAVID LISSY	200 TALCOTT AVENUE So.	WATERTOWN, MA 02472
P/D	MARY ANN TOCLO	" " " "	" " "
S/D	STEPHEN DREIER	" " " "	" " "
T	ELIZABETH BOLAND	" " " "	" " "
REINSTATEMENT 04-05 300060721743 10/18/05--01071--011 **750.00			

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Stephen Dreier STEPHEN DREIER

Date

10/14/05

Daytime Phone #

617-673-8000