

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P34770

1. Corporation Name

STETSON MANAGEMENT OF MASSACHUSETTS, INC.

Principal Place of Business

541 MAIN STREET
SOUTH WEYMOUTH MA 02190

Mailing Address

C/O Franchise Associates Inc
541 MAIN STREET Ste 320
SOUTH WEYMOUTH MA 02190

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/23/1991

SP

5. FEI Number

04-3089836

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
P	BARRET, ARTHUR P Retired	541 MAIN ST	S. WEYMOUTH MA 02190
D	MACARTHUR, JAMES Y.	541 MAIN ST	S. WEYMOUTH MA 02190
ST	MACARTHUR, JAMES Y.	541 MAIN ST	S. WEYMOUTH MA 02190
CEO P CEO	CARTER, GEORGE P	158 CHERRY ST. 56 Broad St	MILFORD CT 06460
VP	Leveroni, Barbara	541 Main St.	So. Weymouth MA 02190

8. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

700003505877-8

12/18/00 01058-014

****750.00 State Zip Code ****750.00

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

CONNIE BRYAN
SPECIAL ASSISTANT SECRETARY
REGISTERED AGENT MUST SIGN

Date 12/12/2000

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James MacArthur
Vice President & Treasurer

December 7, 2000 (781) 337-7940

Date

Daytime Phone #

CR2E040 (8/00)