

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

98 JUN -1 PM 1:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

P39875

1. Corporation Name

REHARCO INTERNATIONAL, INC

Principal Place of Business

260 FORDHAM ROAD  
WILMINGTON, MA  
01887

Mailing Address

SAME

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

13-AUG-91

5. FEI Number

04-3127628

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 (Do NOT Use Post Office Box Numbers)	City/State/Zip
1	2	3	4
P/D	FRANCIS J. HUGHES, JR.	30 FEDERAL ST	BOSTON, MA 02110
T	ROY S. ROBERTS	260 FORDHAM ROAD	WILMINGTON, MA 01887
S/D	HAROLD A. FINEKT	30 FEDERAL ST	BOSTON, MA 02110
D	MARSHALL C. TURNER	220 MONTGOMERY ST PENTHOUSE 10	SAN FRANCISCO, CA 94104
D	E. LOCKE WASH	595 E. ILLINOIS RD	LAKE FOREST, IL 60045
D	RICHARD R. FRANK	234 E. COLORADO BLVD SUITE 500	PASADENA, CA 91101

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Corporation Service Company  
1201 Hays Street  
Tallahassee, FL 32301

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

TIMOTHY J. O'BRIEN

Acct. V. 2.

REGISTERED AGENT MUST SIGN

Date

5/29/98

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David J. Fink

Date

5/28/98

Daytime Phone #

617-422-7500

1. CR2040 (1/98)