PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
01 JAN 17 PM 1:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000014527

1. Corporation Name

KIDSTOP AT BOYNTON BEACH, INC.

900003581509--2
-01/26/01--01077--022
****900.00 ****900.00

2. Principal Office Address	3. Mailing Office Address
1490 Gateway Blvd.	200 Talcott Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc.
	South
City & State	City & State
Boynton Beach	Watertown
Zip / Country	Zip / Country
FL 33426	MA 02472

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number 650394003 ☐ 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.:

City: Tallahassee | 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: Lynette Coleman — Lynette Coleman as its agent
REGISTERED AGENT MUST SIGN

Date: 1/17/01

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
P, COO, Dir	Mary Ann Tocio	200 Talcott Ave. South	Watertown, MA 02472
CEO, Dir	Roger M. Brown	200 Talcott Ave. South	Watertown, MA 02472
CFO, Treas	Elizabeth J. Boland	200 Talcott Ave., South	Watertown, MA 02472
P, Sec Dir	Stephen I. Dreier	200 Talcott Ave. South	Watertown, MA 02472
		REINSTATEMENT 00-01	

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: Elizabeth J. Boland 01/16/01 617-673-8000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #