

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

00 MAY -9 PM 1:18

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P93000020846**

1. Corporation Name

NORTHEASTERN MANAGEMENT COMPANY, INC.

Principal Place of Business

Mailing Address

~~30 CHANNEL CAY RD.~~
~~NORTH KEY LARGO FL 33037~~

949 KING AVE
 ATTN DAVID J HOGAN
 COLUMBUS OH 43212
 US



REINSTATEMENT

99-100

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

2. New Principal Office Address, If Applicable

none

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

03/19/1993

5. FEI Number

65-0391561

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
P	BAKER, CARLYLE M - Hogan, David J.	30 CHANNEL CAY RD 949 King Avenue	N KEY LARGO FL Columbus OH 43212
VP	HOGAN, DAVID J - Walsh, Thomas	949 KING AVE - 112 Water Street	COLUMBUS OH - Boston MA 02109
T	AULD, JANET B - Walsh, Thomas	949 KING AVE - 112 Water Street	COLUMBUS OH Boston MA 02109
S	DEVENISH, JOSEPH B - Hogan, David J.	949 KING AVE	COLUMBUS OH 43212
			600003259916--3 -05/19/00--01103--015 ****900.00 ****900.00

8. Name and Address of Current Registered Agent

BAKER, CARLYLE M
 30 CHANNEL CAY RD.
 NORTH KEY LARGO FL 33037

9. Name and Address of New Registered Agent

Name
CT Corporation System
 Street Address (P.O. Box Number is Not Acceptable)
 1200 S. Pine Island Road
 Suite, Apt. #, Etc.
 City
 Plantation State
FL Zip Code
 33324

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

Susan J. Metz
 SIGNATURE REQUIRED
 REGISTERED AGENT MUST SIGN

Susan J. Metz
 Assistant Secretary

Date **5/8/00**

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 terminated, 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]
 SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/5/00
 Date

Daytime Phone #

KE

CR2E040 (8/99)