

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

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

Mailing Address

949 KING AVE
ATTN DAVID J HOGAN
COLUMBUS OH 43212
US



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

REINSTATEMENT

99-100

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

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Susan J. Metze

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/5/00

Date

Daytime Phone #

KE

CR2E040 (8/99)