

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

97 SEP 30 PM 1:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P93000039667

1. Corporation Name

Point SOURCE of Florida, Inc.

Principal Place of Business

Mailing Address

695 Atlantic Avenue, Suite 11  
Boston, Massachusetts 02111

REINSTATEMENT 94-97

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 Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

June 4, 1993

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

582063471

Applied For

☒ Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
P/T/D	Steven W. Garfinkle	695 Atlantic Avenue, Suite 11	Boston, MA 02111
S/D	Richard S. Freedman	695 Atlantic Avenue, Suite 11	Boston, MA 02111
D	Thomas P. Dixon	695 Atlantic Avenue, Suite 11	Boston, MA 02111

8000002309408--  
-10/01/97--01114--001  
\*\*\*1245.00 \*\*\*1245.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Prentice Hall  
1201 Hayes Street  
Suite 105  
Tallahassee, Florida 32301

Name

8000002309408--

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

01/97--01114--002

Suite, Apt. #, Etc.

\*\*\*\*\*52.50 \*\*\*\*\*52.50

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

Date 9-25-97

REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information  
on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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

9/25/97  
Date

617-790-3780  
Daytime Phone #