

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
 FLORIDA DEPARTMENT OF STATE
 B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

97 NOV 24 PM 4:23

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P94000029062

1. Corporation Name

THORNBERRY, INC.

Principal Place of Business

Mailing Address

7 APOLLO CIRCLE
 LEXINGTON MA 02173

7 APOLLO CIRCLE
 LEXINGTON MA 02173

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

75 Thornberry Road
 Suite, Apt. #, etc.

75 Thornberry Road
 Suite, Apt. #, etc.

City & State
 Winchester MA

City & State
 Winchester MA

Zip
 01890

Country

Zip
 01890

Country

4. Date Incorporated or Qualified To Do Business in Florida

04/13/1994

5. FEI Number

59-3240181

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	HINTLIAN, EDWARD	75 THORNBERRY ROAD	WINCHESTER MA 01890
D	HINTLIAN, GREGORY A	7 APOLLO CIRCLE	LEXINGTON MA 02173
D	COLLINS, ROBERT J	84 THORNBERRY ROAD	WINCHESTER MA 01890
D	BOHLIN, GAREN G	53 AMBERWOOD DRIVE	WINCHESTER MA 01890

100002358071-4
 -11/26/97-01083-018
 *****165.00 *****165.00

8. Name and Address of Current Registered Agent

BONUS, PHILIP F ESO.
 170 EAST WASHINGTON STREET
 ORLANDO FL 32801

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
 FL

Zip Code
 32802

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

Date

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

Date

Daytime Phone #

11/4/97 (617) 728-9469

CR2040 (8/97)

②

In Reference to Reinstatement, we
talk to Reinstatement Department &
since our paper work has been lost
in mail we were advise to pay
\$65 since we had original mailed
in Notice on Time

Bill Dean
401-846-3000