

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT # P94000029062

1. Corporation Name

THORNBERRY, INC.

Principal Place of Business

75 THORNBERRY ROAD
WINCHESTER MA 01890

Mailing Address

75 THORNBERRY ROAD
WINCHESTER MA 01890

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

2. New Principal Office Address, If Applicable

106 S Semoran Blvd
Suite, Apt. #, etc.

106 S Semoran Blvd
City & State

Winter Park, FL
Zip 32792 Country Orange

3. New Mailing Office Address, If Applicable

106 S Semoran Blvd
Suite, Apt. #, etc.

106 S Semoran Blvd
City & State

Winter Park, FL
Zip 32792 Country Orange

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	HINTLIAN, EDWARD	75 THORNBERRY ROAD	WINCHESTER MA 01890
D	COLLINS, ROBERT J	84 THORNBERRY ROAD	WINCHESTER MA 01890
D	BOHLIN, GAREN G	34 ARLINGTON ST	WINCHESTER MA 01890

8. Name and Address of Current Registered Agent

DOWD, BILL
815 VIRGINIA DR
ORLANDO FL 32802

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

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

REGISTERED AGENT MUST SIGN

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 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 #

GAREN G. BOHLIN 10/17/00 781-587-6000