

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #**

1. Corporation Name

DRUMMER CORP.

P95000026134

2. Principal Office Address - No P.O. Box #

21 Gatehouse Road

Suite, Apt. #, etc.

City & State

Fort Lauderdale, FL

Zip

33308

Country

USA

3. Mailing Office Address

300 First Avenue

Suite, Apt. #, etc.

City & State

Needham, MA

Zip

02494

Country

USA

**7. Name and Address of Current Registered Agent**

Name

Peter B. Stames

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

21 Gatehouse Road

Suite, Apt. #, Etc.

City

Fort Lauderdale

State

FL

Zip Code

33308

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

*Peter B. Stames*

REGISTERED AGENT MUST SIGN

Date

March 10/09

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D/P	Jordan L. Shapiro	300 First Avenue	Needham, MA 02494
V	Peter B. Stames	21 Gatehouse Road	Fort Lauderdale, FL 33308
T/AS	Ralph A. Cadman	300 First Avenue	Needham, MA 02494
S	Paul G. Roberts	300 First Avenue	Needham, MA 02494
AT	Stephen J. O'Connor	300 First Avenue	Needham, MA 02494

10. 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 contained in Chapter 119, 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

PAUL G. ROBERTS

Date

3/3/09

Daytime Phone #

781-707-2550

FILED

09 MAR 16 PM 4:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

800145935888  
03/16/09--01034--026 \*\*1050.00

REINSTATEMENT 03-09

4. Date Incorporated or Qualified  
To Do Business in Florida

March 31, 1995

5. FEI Number

65-0569546

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.