

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

W05000210546

FILED

05 MAR -1 PM 3:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **996000024865**

1. Corporation Name
Lidel, Inc.

2. Principal Office Address
1001 East Atlantic Avenue

Suite, Apt. #, etc.

Suite 202

City & State

Delray Beach FL

Zip

33483

Country

USA

3. Mailing Office Address

1000 Market Street

Suite, Apt. #, etc.

Building One

City & State

Portsmouth NH 03801

Zip

03801

Country

USA

REINSTATEMENT 98-05 *tr*

4. Date Incorporated or Qualified To Do Business in Florida **03/20/1996**

5. FEI Number

04-0335840

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current 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

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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

Connie Bryan Speed
REGISTERED AGENT MUST SIGN

Date

2/28/05

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
PD	Mark T. Walsh	1001 East Atlantic Ave, Suite ²⁰²	Delray Beach, FL 33483
VP D	Michael P. Walsh	1001 East Atlantic Ave Suite ²⁰²	Delray Beach, FL 33483
VP A	William J. Walsh	1000 Market St. Bldg. #1	Portsmouth, NH 03801
EVP	Richard C. Ade	1000 Market St. Bldg #1	Portsmouth, NH 03801
Sec.	Richard H. Critchfield	1001 East Atlantic Ave, Suite ²⁰¹	Delray Beach FL 33483

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 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:

William Walsh

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/28/05 (603)559-2156

Daytime Phone #

CR2E081 (01/05)