

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000004269

1. Corporation Name

Carlan Construction Services, Inc.

2. Principal Office Address

5111 North 12th Avenue

Suite, Apt. #, etc.

City & State

Pensacola, FL

Zip

32504

Country

USA

3. Mailing Office Address

81 Wyman Street

Suite, Apt. #, etc.

City & State

Waltham, MA

Zip

02254

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

1/15/97

5. FEI Number

59-3429029

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 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation, FL

State
FL

Zip Code

33324

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

Charles H. Carlan
REGISTERED AGENT MUST SIGN

Date

11/18/02

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	
P	Charles H. Carlan	27 Bleeker Street	Millburn, NJ 07041
S	Peter J. Wickens	27 Bleeker Street	Millburn, NJ 07041
T	Jeffrey T. Hilla	27 Bleeker Street	Millburn, NJ 07041

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)(b), 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:

Charles H. Carlan

Charles H. Carlan

Date

11/23/02

973-379-3400

Daytime Phone

REINSTATEMENT 01-02

FILED

02 NOV 20 PM 5: 05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E081 (9/01)