

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P97000104921**

1. Corporation Name

GERRITY FLORIDA, INC.

Principal Place of Business

Mailing Address

THREE CENTER PLAZA
SUITE 410
BOSTON MA 02108

THREE CENTER PLAZA
SUITE 410
BOSTON MA 02108

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/12/1997

5. FEI Number

58-2366394

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	GERRITY, ROBERT T	90 GOOLD ROAD	CHATHAM CENTER NY 12184
DVS	GERRITY, DANIEL W	54 FAIRMOUNT AVENUE	BROOKLINE MA 02146
D	CHASE, SUSAN G	156 BRYAN ROAD	STOWE VT 05672
D	HOLLAND, CYNTHIA G	2 BITTERSWEET TRAIL	ROWAYTON CT 06853
D	ACHILLES, NANCY G	40 OLD BROWNTOWN LANE	FLINTHILL VA 22627

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WHITMIRE, DRENNEN L JR
450 ROYAL PALM WAY
6TH FLOOR
PALM BEACH FL 33480

Name

Drennen L. Whitmire, Jr.

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

249 Royal Palm Way Suite 501

Suite, Apt. #, Etc.

Suite 501

City

Palm Beach

State

FL

Zip Code

33480

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. or 617.0505, F.S.

Signature of
Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date

10/20/03

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/14/04

Daytime Phone #

REINSTATEMENT

03



100024074671

10/24/03--01017--006 **150.00

FILED
03 OCT 24 PM 12:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

GERRITY FLORIDA, INC.

**THREE CENTER PLAZA
SUITE 410
BOSTON, MA 02108
(617) 523-1877**

October 14, 2003

Ms. Glenda Hood
Secretary of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

RE: FEI # 58-2366394

Dear Ladies and Gentlemen,

We did not receive the two prior Uniform Business Report (UBR) notices and are requesting the reinstatement fee be waived.

Gerrity Florida Inc.