FILED
09 DEC -3 AM 8:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V33677

1. Corporation Name
E.P. Casey, Inc.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
330 South Beach Road	155 Federal Street, 9th Floor
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Hobe Sound, FL	City & State: Boston, MA
Zip: 33455 Country: USA	Zip: 02110 Country: USA

CR2E081 (11/09)

4. Date Incorporated or Qualified To Do Business In Florida: 05/05/1992

5. FEI Number: 65-0332388 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional If Required From Certified Status

7. Name and Address of Current Registered Agent

Name: E. Paul Casey
Street Address (P.O. Box Number is Not Acceptable): 330 South Beach Road
Suite, Apt. #, Etc.
City: Hobe Sound State: FL Zip Code: 33455

☐ 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.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0502, F.S.

Signature of Registered Agent: [signature] Date: 12/2/09
REGISTERED AGENT MUST SIGN

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
PTSD	E. Paul Casey	330 South Beach Road	Hobe Sound, FL 33455
V	Edward J. Bartlett, Jr.	155 Federal Street, 9th Floor	Boston, MA 02110

REINSTATEMENT

10. E-mail Address: ejb@bostonbusinesslaw.com
(To be used for future annual report notification)

11. I certify that I am an officer or director of 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. I further certify 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] 12/2/2009 617-422-0200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet

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To:
Division of Corporations
Fax Number : (850)617-6384

From:
Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850)521-1000
Fax Number : (850)558-1575

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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CORPORATION REINSTATEMENT
E. P. CASEY, INC.

Certificate of Status	0
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