

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 FEB 15 PM 2:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700088710257
02/19/07--01020--005 **600.00

DOCUMENT # F02000001135

1. Corporation Name

Kalido Inc.

REINSTATEMENT

CR2E081 (1/07)

04-07

2. Principal Office Address - No P.O. Box #
One Wayside Road

3. Mailing Office Address
One Wayside Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Burlington, MA

City & State
Burlington, MA

Zip
01803

Country
USA

Zip
01803

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida **3/5/2002**

5. FEI Number
76-0696980

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
Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable)
1201 Hays Street

Suite, Apt. #, Etc.

City
Tallahassee

State
FL

Zip Code
32301

☒ 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 617.0503, F.S.

Signature of
Registered Agent *Laacqueline N. Casper*
Laacqueline N. Casper, Assistant Vice President

Date **2-12-2007**

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
P/D	William Hewitt	One Wayside Road	Burlington, MA 01803
T	Joan Nevins	One Wayside Road	Burlington, MA 01803
S	John Burgess	60 State Street	Boston, MA 02109
D	Timothy Barrows	1000 Winter Street	Waltham, MA 02451
D	George Coelho	20 Balderton Street	London, UK W1K 6TL
D	Christopher Spray	55 Grosvenor Street	London, UK W1K 3BW

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: *Joan Nevins*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joan Nevins

2/11/07
Date

781 202 3200
Daytime Phone #

K. Eckel FEB 16 2007