

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 NOV -1 PM 3:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F03000000791

1. Corporation Name
Natick Atlantic Corp.

REINSTATEMENT 04
MRS

2. Principal Office Address One Mercer Road		3. Mailing Office Address One Mercer Road	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Natick, MA		City & State Natick, MA	
Zip 01760	Country U.S.A.	Zip 01760	Country U.S.A.

4. Date Incorporated or Qualified To Do Business In Florida 2/14/03

5. FEI Number 04-3623497 **Applied For** Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$9.75 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 **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 617.0500, F.S.

Signature of Registered Agent *Sylvia Amenta-Gray* **Date** 11/1/04

REGISTERED AGENT MUST SIGN **SALVIA AMENTA-GRAY**
SPECIAL ASSISTANT SECRETARY

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	Michael T. Wedge	One Mercer Road	Natick, MA 01760
TV	Arthur T. Silk	One Mercer Road	Natick, MA 01760
S	Kellye L. Walker	One Mercer Road	Natick, MA 01760

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 118.07(3)(D), 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: *Kellye L. Walker* **Date** 10/29/04 **(508) 651-6670**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone #**

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Florida Department of State
Division of Corporations
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CORPORATION REINSTATEMENT

NATICK ATLANTIC CORP.

Certificate of Status	1
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