

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

15 OCT -7 AM 9:39

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

000277878940

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F14000002418
1. Corporation Name
Bascom Energy Limited Corp.

2. Principal Office Address - No P.O. Box # 4 Bonazzoli Avenue Suite, Apt. #, etc.		3. Mailing Office Address 4 Bonazzoli Avenue Suite, Apt. #, etc.	
City & State Hudson, MA		City & State Hudson, MA	
Zip 01749	Country USA	Zip 01749	Country USA

CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida	
5. FEI Number	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> X	

\$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

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  **Melissa Zender** Date 10/7/15

REGISTERED AGENT MUST SIGN **Asst. Vice President**

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
D	Arthur Maxwell	4 Bonazzoli Avenue	Hudson, MA 01749
P	Arthur Maxwell	4 Bonazzoli Avenue	Hudson, MA 01749
T	Arthur Maxwell	4 Bonazzoli Avenue	Hudson, MA 01749
S	Arthur Maxwell	4 Bonazzoli Avenue	Hudson, MA 01749
AS	Stephen Kutenplon	101 Huntington Avenue, Suite 500	Boston, MA 02199

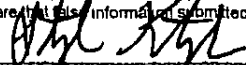
REINSTATEMENT
2015

S. HAWKES

10. E-mail Address: skutenplon@tbhr-law.com (To be used for future annual report notification)

OCT 8 - AM

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. In 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., and 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. I am aware that this information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:  / Stephen Kutenplon, Assistant Secretary 10/07/15 617-218-2042

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 823746 4350901
AUTHORIZATION : *[Signature]*
COST LIMIT : \$ 767.50

ORDER DATE : October 7, 2015
ORDER TIME : 2:43 PM
ORDER NO. : 823746-005
CUSTOMER NO: 4350901

REINSTATEMENT

NAME: BASCOM ENERGY LIMITED

RECEIVED
DEPARTMENT OF STATE
15 OCT - 7 AM 3:38

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
 PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender EXT 62956

EXAMINER'S INITIALS _____