

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 AUG -4 AM 11:48

DOCUMENT # P00000044633

1. Corporation Name  
HFS of America, Inc.

413 River Road  
P.O. Box 186

600039914156  
08/05/04--01063--010 \*\*1058.75

REINSTATEMENT 02-04

2. Principal Office Address 413 River Road Suite, Apt. #, etc.		3. Mailing Office Address P.O. Box 186 Suite, Apt. #, etc.	
City & State Hudson, MA		City & State Ashland, MA	
Zip 01749	Country USA	Zip 01721	Country USA

4. Date Incorporated or Qualified To Do Business in Florida 5/3/2000	
5. FEI Number 65-1004461	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent		
Name John P. Driscoll		
Street Address (P.O. Box Number is Not Acceptable) 3409 South East Tenth Place		
Suite, Apt. #, Etc.		
City Cape Coral	State FL	Zip Code 33904

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: John P. Driscoll Date: 8/2/2004  
 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
P/D	Shawn Driscoll	5 Kings Row	Ashland, MA 01721
T/D	Patrick Johnson	23 Lighthouse Rd	Scituate, MA 02066
C/D	Bruce Dearborn	89 Mount Pleasant Rd	Milford, MA 01757
D	Albert Belanger	95 Abbott St	East Providence, RI 02914

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 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: Shawn Driscoll SHAWN DRISCOLL, PRESIDENT 8/3/2004 Date: 8/3/2004 800-318-4243 Daytime Phone #

CPRE081 (01/04)