

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2008 DEC -5 PM 1:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P00000044633**

1. Corporation Name

H.F.S. OF AMERICA INC.

W08-52844

000138168970
11/21/08--01028--010 **750.00

CR2E081 (10/08)

2. Principal Office Address - No P.O. Box #

413 River Rd

3. Mailing Office Address

413 River Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HUDSON, MA

City & State

HUDSON, MA

Zip

01749

Country

USA

Zip

01749

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

05/04/2000

5. FEI Number

65-100-4461

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

JOHN P DRISCOLL

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

3409 South East 10th PLACE

Suite, Apt. #, Etc.

City

CAPE CORAL

State

FL

Zip Code

33904

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

[Handwritten Signature]

REGISTERED AGENT MUST SIGN

Date

11-17-08

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
PRESIDENT	SHAWN P DRISCOLL	223 Edgewater Dk	Frammingham MA 01701
CLERK	Bruce Dearborn	54 Mount Pleasant ST	Milford MA 01757

000138168970
12/05/08--01020--008 **158.75

REINSTATEMENT
11-08

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:

[Handwritten Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/12/08

Date

508-259-9389
Daytime Phone #