

PAPER WORK

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV -4 AM 11: 24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000047570

1. Corporation Name

DAV EL OF PALM BEACH, INC.

2. Principal Office Address

200 Second Street

Suite, Apt. #, etc.

3. Mailing Office Address

200 Second Street

Suite, Apt. #, etc.

City & State

Chelsea, MA

City & State

Chelsea, MA

Zip

02150

Country

USA

Zip

02150

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5/11/01

5. FEI Number

06-1621154

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

600024416366

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

Susan A. Vertrees, Asst Secy
REGISTERED AGENT MUST SIGN

Date 11/03/2003

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
Pres/Treas	Scott Solombrino	200 Second Street	Chelsea, MA 02150
Sec/Dir	Frank A. Segall	125 Summer Street	Boston, MA 02110
Asst. Sec.			

REINSTATEMENT

03

TS

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)(l), 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/3/03
Date

617/345-3000
Daytime Phone #

CR2E081 (10/02)

CSC



CORPORATION SERVICE COMPANY™

PAPER

ACCOUNT NO. : 072100000032

REFERENCE : 306710 4304766

AUTHORIZATION :

Patricia Pizzuto

COST LIMIT : \$ 758.75

ORDER DATE : November 3, 2003

ORDER TIME : 12:02 PM

ORDER NO. : 306710-020

CUSTOMER NO: 4304766

CUSTOMER: Ms. Colleen Carignan
Burns & Levinson
125 Summer Street

Boston, MA 02110-1624

RECEIVED
03 NOV -4 PM 12:41
DEPT. REG. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOMESTIC FILINGS

NAME: DAV-EL PALM BEACH, INC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- PLAIN STAMPED COPY
- XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Haddan EXT. 1155

EXAMINER'S INITIALS _____