


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 APR -4 PM 12:07

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P40020

1. Corporation Name
Geerlings & Wade, Inc.

REINSTATEMENT 04-08
B 4/1/08
300122294873
04/04/08--01047--007 **1350.00
CR2E081 (12/07)

2. Principal Office Address - No P.O. Box # 45 Braintree Hill Park Suite, Apt. #, etc. Suite 300 City & State Braintree, MA Zip 02184		Country U.S.		3. Mailing Office Address Suite, Apt. #, etc. City & State Zip Country	
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4. Date Incorporated or Qualified To Do Business in Florida 08/10/1992

5. FEI Number 042935863	Applied For <input type="checkbox"/> Not Applicable
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6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Contega Business Services, LLC

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

Suite, Apt. #, Etc.

City Jacksonville	State FL	Zip Code 32204
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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 *[Signature]* as President of Contega Business Services, LLC Date 04/02/08

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
D	James Curvey	82 Devonshire Street, S9A	Boston, MA 02109
D	John Remondi	82 Devonshire Street, R7A	Boston, MA 02109-63614
D	Robert Webb	222 Mill Road	Chelmsford, MA 01824
P	Gordon Romer	2 Avery Street, Suite 25E	Boston, MA 02111
V	Russell Sorel	10 Hawthorne Street	Hanson, MA 02341
C	Huib Geerlings	22 Beacon Street, Unit 3	Boston, MA 02108

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: *Russell S Sorel* Russell S Sorel 4-1-08 781-332-3037
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Vice President Date Daytime Phone #