

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED AND FILED pg 1 of 3

APPLICATION FOR REINSTATEMENT  
 FLORIDA DEPARTMENT OF STATE  
 Sandra B. Mortham  
 Secretary of State  
 DIVISION OF CORPORATIONS



1997 JUL 18 PM 1:25

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # F950000000334  
 1. Corporation Name  
 APT- CABOT FLORIDA, INC.

Principal Place of Business Mailing Address  
 60 State Street Boston, MA 02109  
 60 State Street Boston, MA 02109

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable 2 Center Plaza Suite, Apt. #, etc. Suite 200 City & State Boston, MA Zip 02108	3. New Mailing Office Address, If Applicable 2 Center Plaza Suite, Apt. #, etc. Suite 200 City & State Boston, MA Zip 02108	4. Date Incorporated or Qualified To Do Business in Florida 12/29/95	5. FEI Number 04-3296782 Applied For Not Applicable
Country		6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
	See attached.		200002241692--7

**REINSTATEMENT** *alright filed 7/18/97*

8. Name and Address of Current Registered Agent  
 The Prentice-Hall Corporation System, Inc.  
 1201 Hays Street  
 Tallahassee, FL 32301

9. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 Suite, Apt. #, Etc.  
 City State Zip Code  
 FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.  
 Signature of Registered Agent: *Karen B. Rozar*  
 REGISTERED AGENT MUST SIGN: **Karen B. Rozar, As Its Agent** Date: *7-18-97*

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes  No  (See other side for information on intangible tax.)

12. 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: *John F. Malloy* John F. Malloy  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 Date: *7/11/97* 7/11/97  
 Daytime Phone #: *617 723 0900*

CR2E040 (12/96)

**Attachment  
to  
Application for Reinstatement  
APT-CABOT Florida, Inc.**

7. Names and street addresses of each officer and/or director.

Ferdinand Colleredo-Mansfeld Chairman of the Board	2 Center Plaza, Suite 200 Boston, MA 02108
Robert M. Angland Director and President	2 Center Plaza, Suite 200 Boston, MA 02108
Andrew D. Ebbott Vice President	2 Center Plaza, Suite 200 Boston, MA 02108
Eugene F. Reilly Vice President	2 Center Plaza, Suite 200 Boston, MA 02108
Howard B. Hodgson, Jr. Vice President	2 Center Plaza, Suite 200 Boston, MA 02108
Robert E. Paterson Vice President	2 Center Plaza, Suite 200 Boston, MA 02108
Gerald F. Ianetta Vice President	2 Center Plaza, Suite 200 Boston, MA 02108
Peter F. Tague, III Director and Vice President	2 Center Plaza, Suite 200 Boston, MA 02108
Neil E. Waisnor Treasurer	2 Center Plaza, Suite 200 Boston, MA 02108
John F. Malloy Secretary	2 Center Plaza, Suite 200 Boston, MA 02108

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ACCOUNT NO. : 072100000032

REFERENCE: *Patricia Pyatt* 466423 47123

AUTHORIZATION :

COST LIMIT : \$ 915.00

ORDER DATE : July 17, 1997

ORDER TIME : 11:51 AM

ORDER NO. : 466423-005

CUSTOMER NO: 4347123

CUSTOMER: Ms. Nora A. Whitescarver  
MAYER, BROWN & PLATT

2000 Pennsylvania Ave., N.w.  
Suite 6500  
Washington, DC 20006

DOMESTIC FILING

NAME: APT-CABOT FLORIDA, INC.

EFFECTIVE DATE:

XX REINSTATEMENT  
       CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Daniel W Leggett

EXAMINER'S INITIALS:

97 JUL 18 PM 1:07  
RECORDED