1052

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

05 MAY -5 AM 9:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G90790

1. Corporation Name
NPI CAPITAL CORPORAION

REINSTATEMENT 98.05

2. Principal Office Address	**3.** Mailing Office Address
7 Bulfinch Place	7 Bulfinch Place
Suite, Apt. #, etc.: Suite 500	Suite, Apt. #, etc.: Suite 500, P.O. Box 9507
City & State: Boston, MA	City & State: Boston. MA
Zip: 02114 / Country: Suffolk	Zip: 02114-9507 / Country: Suffolk

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number: 59-2405701 ☐ 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 300053858173

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: Deborah D. Skipper Deborah D. Skipper Date: 5/4/05
REGISTERED AGENT MUST SIGN Asst. V. Pres.

CR2E081 (01/04)

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	Carolyn Tiffany	7 Bulfinch Place, Suite 500	Boston,MA 02114
Sec	Carolyn Tiffany	7 Bulfinch Place, Suite 500	Boston,MA 02114
Treas	Carolyn Tiffany	7 Bulfinch Place, Suite 500	Boston,MA 02114
AVP	John Alba	7 Bulfinch Place, Suite 500	Boston,MA 02114
DIR	Michael L. Ashner	7 Bulfinch Place, Suite 500	Boston,MA 02114

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: Michael Ashner, Director — 5/2/05 — 617 570-4600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 351242 7201546

AUTHORIZATION : Patricia Pyjik

COST LIMIT : $ 1808.75

ORDER DATE : May 3, 2005

ORDER TIME : 3:31 PM

ORDER NO. : 351242-005

CUSTOMER NO: 7201546

CUSTOMER: Allison Forrester
Post & Heymann Llp - Winthrop
Two Jericho Plaza
Wing A
Jericho, NY 11753

DOMESTIC FILINGS

NAME: NPI CAPITAL CORPORATION

XX___ REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX_____ PLAIN STAMPED COPY
XX_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea - Ext# 2914

EXAMINER'S INITIALS _____

RECEIVED
05 MAY -4 PM 4:17
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA