

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

192

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Katherine Harris, Secretary of State DIVISION OF CORPORATIONS

FILED

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # M00000002068

1. Limited Liability Company's Name

CitiStreet LLC

2. Principal Office Address

3 Batterymarch Park

Suite, Apt. #, etc.

Attn: Dawn Purcell

City & State

Quincy, MA

Zip Country USA 02169

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip Country

4. State/Country of Formation

Delaware

5. Date Organized or Qualified To Do Business in Florida

4/1/2000

6. FEI Number

04-3516284

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED

Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

CT Corporation System

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

c/o CT Corporation System, 1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

9. I, being appointed the registered agent of the above named limited liability company, do hereby accept the obligations of Chapter 608, F.S.

Signature of Registered Agent

Signature of Mark Hennessey

MARK HENNESSEY VICE PRESIDENT

Date 11/5/01

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Table with 4 columns: Titles, Name of Managing Members/Managers, Street Address of Each Managing Member/Manager, City / State / Zip. Row 1: See Attached Exhibit A.

REINSTATEMENT

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid.

Signature of Managing Member/Manager

Signature of James S. Phalen

Date 11/14/01

Daytime Phone # 617-376-7301

Typed or printed name of signing Managing Member/Manager James S. Phalen

CR2E041 (9/01)

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