

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED  
 00 JAN 24 PM 2:48  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # PA16000036290

1. Corporation Name  
**WOOD AND ZAPATA, INC.**

Principal Place of Business  
**419A Espanola Way  
 Miami Beach, FL 33139**

Mailing Address  
**368 Congress Street  
 Boston, MA 02110**

REINSTATEMENT

99-50

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

2. New Principal Office Address, If Applicable <b>368 Congress Street</b>		3. New Mailing Office Address, If Applicable <b>368 Congress Street</b>		4. Date Incorporated or Qualified To Do Business in Florida <b>4/1/96</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number <b>65-0655611</b>	
City & State <b>Boston, MA</b>		City & State <b>Boston, MA</b>		Applied For Not Applicable	
Zip <b>02110</b>	Country <b>USA</b>	Zip <b>02110</b>	Country <b>USA</b>	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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D/P	Benjamin Wood	368 Congress Street	Boston, MA 02110
D/T	Carlos Zapata	368 Congress Street	Boston, MA 02110
D/S	Melissa Koff	368 Congress Street	Boston, MA 02110
			300003120893-4 -02/02/00--01062--023 *****900.00 *****900.00
			300003120893-4 -02/02/00--01062--024 *****8.75 *****8.75

8. Name and Address of Current Registered Agent <b>Benjamin T. Wood 419A Espanola Way Miami Beach, FL 33139</b>		9. Name and Address of New Registered Agent Name <b>CT Corporation System</b> Street Address (P.O. Box Number is Not Acceptable) <b>1200 South Pine Island Road</b> Suite, Apt. #, Etc. City <b>Plantation</b> State <b>FL</b> Zip Code <b>33324</b>	
--	--	---	--

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 Lauren H. Kreatz REGISTERED AGENT MUST SIGN LAUREN H. KREATZ SPECIAL ASSISTANT SECRETARY Date 1/21/00

11. This corporation owes the current year Intangible Personal Property Tax due June 30. 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: Melissa Koff 1/14/99 617-728-3636  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR. Date Daytime Phone #