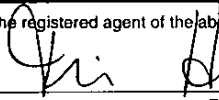
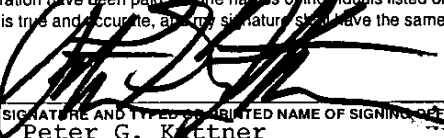


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 05 MAY 23 PM 2: 23 SECRETARY OF STATE TALLAHASSEE, FLORIDA 500055151065 05/23/05--01072--009 **2550.00 05/23/05--01072--009 **2550.00	
DOCUMENT # 832683					
1. Corporation Name Cambridge Seven Associates, Inc.					
2. Principal Office Address 1050 Massachusetts Avenue Suite, Apt. #, etc.			3. Mailing Office Address same Suite, Apt. #, etc. same		
City & State Cambridge, Mass.			City & State same		
Zip 02138	Country USA	Zip same	Country	4. Date Incorporated or Qualified To Do Business in Florida July 8, 1974	
5. FEI Number 042310225				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 CT Corporation System					
Street Address (P.O. Box Number is Not Acceptable) 1200 S. Pine Island Road					
Suite, Apt. #, Etc.					
City Plantation				State FL	Zip Code 33324
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  REGISTERED AGENT MUST SIGN TRACI HOUCK SPECIAL ASSISTANT SECRETARY Date 5/20/05					
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.	Peter G. Kuttner	1050 Massachusetts Ave		Cambridge, MA 02138	
Dir.	Ronald Baker	1050 Massachusetts Ave		Cambridge, MA 02138	
Dir.	John Stebbins	1050 Massachusetts Ave		Cambridge, MA 02138	
Dir	Charles Redmon	1050 Massachusetts Ave		Cambridge, MA 02138	
Dir	Gary Johnson	1050 Massachusetts Ave		Cambridge, MA 02138	
Dir.	Douglas Lawton	1050 Massachusetts Ave		Cambridge, MA 02138	
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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Peter G. Kuttner		Date 12 May 2005 May 12, 2005		617 492-7000 Daytime Phone #	

CR2E081 (01/05)