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

DOCUMENT # 832683

1. Corporation Name
Cambridge Seven Associates, Inc.

2. Principal Office Address	**3.** Mailing Office Address
1050 Massachusetts Avenue	same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
	same
City & State	City & State
Cambridge, Mass.	same
Zip / Country	Zip / Country
02138 / USA	same

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: TRACI HOUCK SPECIAL ASSISTANT SECRETARY
REGISTERED AGENT MUST SIGN

Date: 5/20/05

CR2E081 (01/05)

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: 12 May 2005 (Date) 617 492-7000 (Daytime Phone #)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Peter G. Kuttner
May 12, 2005