

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED

AND
FILED

03 JAN -3 PM 2:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F00000000358

1. Corporation Name

Equity Industrial IV, Inc.

2. Principal Office Address

145 Rosemary Street

Suite, Apt. #, etc.

Suite E

City & State

Needham, MA

Zip

02494

Country

USA

3. Mailing Office Address

145 Rosemary Street

Suite, Apt. #, etc.

Suite E

City & State

Needham, MA

Zip

02494

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

01/20/2000

5. FEI Number

043467733

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

Suite, Apt. #, Etc.

City

Tallahassee

State
FL

Zip Code

32301-2525

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

Cynthia L. Harris

Cynthia L. Harris
as its agent

Date

1/3/03

REGISTERED AGENT MUST SIGN

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
PD	Levine, Donald A	145 Rosemary Street, Suite E	Needham, MA 02494
TD	Heafitz, Lewis	145 Rosemary Street, Suite E	Needham, MA 02494
BCLK	Shalom, Neal	145 Rosemary Street, Suite E	Needham, MA 02494
ACLK	Gass, Richard A	73 Tremont Street	Boston, MA 02108
			\$1,250.00
			JW

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/2/03

Date

781-449-9000

Daytime Phone #

CR2E081 (10/02)