

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 MAR 21 PM 12:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # F000000001186

1. Corporation Name

Equis/Echelon Development Management Corp.

2. Principal Office Address

88 Broad Street

3. Mailing Office Address

same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Boston, MA

City & State

Zip

02110

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

3/3/2000

5. FEI Number

04-3511785

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

Susan G. Johnson

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

450 Carillon Parkway

Suite, Apt. #, Etc.

Suite 200

City

St. Petersburg

State

FL

Zip Code

33716

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

03/06/02

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. & Sole Director	Gary D. Engle	88 Broad Street	Boston, MA 02110
Treas.	Michael J. Butterfield	88 Broad Street	Boston, MA 02110
Clerk	Michael J. Butterfield	as above	

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] Gary D Engle

Date

1/31/02

Daytime Phone #

CR2E081 (9/01)