


10f2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS W08000002079
	DOCUMENT # F05000003778	

FILED
2008 JAN 14 PM 3:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600115551376

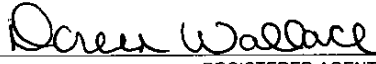
REINSTATEMENT CR2E081 (12/07) 06-07

1. Corporation Name PATRICIA PHILIP CORPORATION	
2. Principal Office Address - No P.O. Box # C/O KRUPP BROS. Suite, Apt. #, etc. 50 MILK STREET, 21ST FL City & State BOSTON, MA Zip 02109	3. Mailing Office Address C/O KRUPP BROS. Suite, Apt. #, etc. 50 MILK STREET, 21ST FL City & State BOSTON, MA Zip 02109

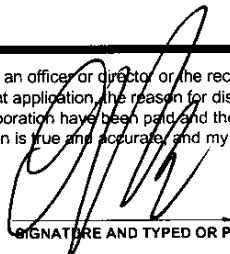
4. Date Incorporated or Qualified To Do Business in Florida 6/29/2005	5. FEI Number 04-3424422	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status		

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	

<input type="checkbox"/> The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 	Doreen Wallace Assistant Vice President	Date 1/18/08

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
DPST	DOUGLAS KRUPP	33 WACHUSETT ROAD	WELLESLEY, MA 02481

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 contained in Chapter 119, 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: 	Douglas Krupp SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date 1/08/08	Daytime Phone # 617-574-8360

108A00003502

B. Mitchell JAN 14 2008



CORPORATION SERVICE COMPANY

2052

ACCOUNT NO. : 072100000032

REFERENCE : 398580 4304763

AUTHORIZATION :

COST LIMIT : \$ 1050.00

[Signature]

ORDER DATE : January 11, 2008

ORDER TIME : 9:05 AM

ORDER NO. : 398580-010

CUSTOMER NO: 4304763

RESUBMIT

Please give original
submission date as file date.

REINSTATEMENT

NAME: PATRICIA PHILIP CORPORATION

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Doreen Wallace

EXAMINER'S INITIALS _____

RECEIVED
08 JAN 18 PM 2:42
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA