


10PZ

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS
W0800002077

FILED
2008 JAN 14 PM 3:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

900115551429

DOCUMENT # F05000003838

1. Corporation Name
PATRICIA KAREN CORPORATION

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

REINSTATEMENT
CR2E081(12/07) 106107

4. Date Incorporated or Qualified To Do Business in Florida 6/29/2005

5. FEI Number 04-3425138

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

Applied For
 Not Applicable

7. Name and Address of Current Registered Agent

Name
Corporation Service Company

Street Address
1201 Hays Street

Suite, Apt. #, Etc.

City
Tallahassee

State
FL

Zip Code
32301

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 **Doreen Wallace** Assistant Vice President Date: 1/18/08

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
DPST	KAREN KRONER	474 GLEN ROAD	WESTON, MA 02493

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: Karen Kroner **KAREN KRONER** Date: 1/19/08 Daytime Phone #: 781.237.1555

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



CORPORATION SERVICE COMPANY

20fz

ACCOUNT NO. : 072100000032
 REFERENCE : 398580 4304763
 AUTHORIZATION : *[Signature]*
 COST LIMIT : \$ 1050.00

ORDER DATE : January 11, 2008
 ORDER TIME : 9:04 AM
 ORDER NO. : 398580-005
 CUSTOMER NO: 4304763

RESUBMIT
 Please give original
 submission date as file date.

REINSTATEMENT

NAME: PATRICIA KAREN 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
 DEPARTMENT OF STATE
 DIVISION OF CORPORATIONS
 2008 JAN 16 PM 12:38
 FOR FILING TO ACHIEVE SUFFICIENCY OF FILING

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