


1072

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS W08000002085		<b>FILED</b>  2008 JAN 14 PM 3:18  SECRETARY OF STATE TALLAHASSEE, FLORIDA  400115551474																													
<b>DOCUMENT # - F05000003838</b>																																	
<b>1. Corporation Name</b> <span style="float: right;">F05000003854</span> PATRICIA PAUL CORPORATION																																	
<b>2. Principal Office Address - No P.O. Box #</b> C/O KRUPP BROS. Suite, Apt. #, etc. 50 MILK STREET, 21ST FL City & State BOSTON, MA Zip      Country 02109      USA		<b>3. Mailing Office Address</b> C/O KRUPP BROS. Suite, Apt. #, etc. 50 MILK STREET, 21ST FL City & State BOSTON, MA Zip      Country 02109      USA		<b>REINSTATEMENT</b> <span style="float: right;">CR2E081 (12/07)</span>  <b>4. Date Incorporated or Qualified To Do Business in Florida</b> 6/29/2005  <b>5. FEI Number</b> 04-3424421 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable  <b>6. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status																													
<b>7. Name and Address of Current Registered Agent</b> 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.																													
<b>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.</b> Signature of Registered Agent <u>Doreen Wallace</u> <b>Doreen Wallace</b> <b>Assistant Vice President</b> Date <u>1/8/08</u> <small>REGISTERED AGENT MUST SIGN</small>																																	
<b>9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">Titles</th> <th style="width: 30%;">Name of Officers and/or Directors</th> <th style="width: 30%;">Street Address of Each Officer and/or Director</th> <th style="width: 30%;">City / State / Zip</th> </tr> </thead> <tbody> <tr> <td>DPST</td> <td>PAUL KRUPP</td> <td>108 EDMUNDS ROAD</td> <td>WELLESLEY, MA 02181</td> </tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>						Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip	DPST	PAUL KRUPP	108 EDMUNDS ROAD	WELLESLEY, MA 02181																				
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<b>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.</b>																																	
<b>SIGNATURE:</b> <u>Paul Krupp</u> <b>PAUL KRUPP</b>		Date <u>1/7/08</u>		Daytime Phone # <u>617-542-5800</u>																													

8002 81 MAR. 10/08



CORPORATION SERVICE COMPANY

282

ACCOUNT NO. : 072100000032

REFERENCE : 398580 4304763

AUTHORIZATION :

*[Signature]*

COST LIMIT : \$ 1050.00

ORDER DATE : January 11, 2008

ORDER TIME : 9:06 AM

ORDER NO. : 398580-015

CUSTOMER NO: 4304763

**RESUBMIT**

Please give original  
submission date as file date.

REINSTATEMENT

NAME: PATRICIA PAUL 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