APPROVED AND FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

13 JAN 16 PM 5:38

SECRETARY OF STATE TALLAHASSEE FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F09000004929

1. Corporation Name
Utility Marketing Corporation
131 Hartwell Avenue, Third Floor
Lexington, MA 02421

REINSTATEMENT 11-13

CR2E081 (11/10)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
131 Hartwell Avenue	(same)
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Lexington	City & State: MA 02421
Zip: 02421 Country: USA	Zip: 02421 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 7/20/2011

5. FEI Number: 04-3239239 ☐ 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: CT Corporation System

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road

Suite, Apt. #, Rm.

City: Plantation, State: FL Zip Code: 33324

400243935934
01/23/13--01002--003 **350.00

400243935934
01/23/13--01002--002 **708.75

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: Madonna Cuddihy Date: 1/2/13
REGISTERED AGENT MUST SIGN Special Assistant Secretary

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 Treasurer	Paul Tannenbaum President Treasurer	131 Hartwell Ave, Third Floor	Lexington MA 02421
BOD Director Secretary	Michael Brown BOD Director Secretary	131 Hartwell Ave, Third Floor	Lexington, MA 02421
BOD	William McMurtrie	131 Hartwell Ave, Third Fl	Lexington MA 02421
BOD	Jodie Burke	131 Hartwell Ave 3rd FL	Lexington MA 02421
BOD	Lisa Preve	131 Hartwell Ave, 3rd FL	Lexington, MA 02421

10. E-mail Address: Paul+@highlineproducts.com; Jane@highlineProducts.com
(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath; I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: [signature] 1/2/13 781-328-3220
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

JAN 24 2013

A. DUNLAP