

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		APPROVED AND FILED 1997 OCT -9 PM 12: 39 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # F93000000978					
1. Corporation Name PAM, INC. OF DELAWARE CROSS REF: PAM, INC.					
Principal Place of Business 265 FRANKLIN ST BOSTON MA 02110		Mailing Address 15TH FLOOR SAME			
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					
2. New Principal Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country		3. New Mailing Address, If Applicable Suite, Apt. #, etc. City & State Zip Country		4. Date Incorporated or Qualified To Do Business in Florida 2/16/93 5. FEI Number 04-2829013 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip		
P/CEO	BRUCE J. RUBIN	265 FRANKLIN STREET, 16th	BOSTON MA 02110		
VPTS	Walter V. Arnold	265 FRANKLIN ST., 15TH FL	BOSTON MA 02110		
VPAT	David F. Brooks	265 FRANKLIN ST., 16TH FL	BOSTON MA 02110		
AS	Linda Z. MacDonald	265 FRANKLIN ST., 15TH FL	BOSTON MA 02110		
AT	Kenneth Levine	1285 AVENUE OF AMERICAS	NEW YORK, NY 10019		
REINSTATEMENT					
8. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS ST. TALLAHASSEE FL 32301			9. Name and Address of New Registered Agent Name: 000002317780-1 Street Address (P.O. Box Number is Not Acceptable): 00000-0000 Suite, Apt. #, Etc.: ***1245.00 ***1245.00 City: FL State Zip Code		
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent: <u>Gail Shelby</u> Gail Shelby, as agent Date: 10-9-97 REGISTERED AGENT MUST SIGN					
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input type="checkbox"/> No <input type="checkbox"/> (See other side for information on intangible tax.)					
12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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. 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: <u>Linda Z. MacDonald</u> 10-8-97 (617) 437-8135 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

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