PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT

F94000006436

1. Corporation Name

Windsor At Ashton Park Investors Corporation

FILED

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SECRETARY OF STATE TALLAHASSEE. FLORIDA

2. Principal Office Address 600 Atlantic Avenue Suite, Apt. #, etc. Suite 2000		3. Mailing Office Address 2711 Centerville Road	
		Suite, Apt. #, etc. Suite 400	
City & State Boston, M	1A	City & State Wilmingto	on, DE
Zip 02210	Country Suffolk	Zip 19808	Country New Castle

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number 04-3257595 Applied For Not Applicable

CERTIFICATE OFSTATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Regi	istered Agent
Name The Prentice-Hall Corporation System, In	.c.
Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street	700005236097
Suite, Apt. #, Etc. Suite 105	
City Tallahassee	State Zip Code FL 32301

Signature of	
Registered Agent	

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.

Brian Courtney GISTERED AGENT MUST SIGNES.

Date .

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
PD	Robert E. DeWitt	600 Atlantic Ave, Ste 400	Boston, MA 02210
A D	Stuart R. Johnson	600 Atlantic Ave, Ste 400	Boston, MA 02210
s D	Stuart R. Johnson	600 Atlantic Ave, Ste 400	Boston, MA 02210
Т	Peter S. Martin	600 Atlantic Ave, Ste 400	Boston, MA 02210

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 filling 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 under section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

-5-02

Daytime Phone #

(9/01 CR2E081



ACCOUNT NO. : 072100000032

REFERENCE: 404269

AUTHORIZATION :

COST LIMIT : \$ 900.00

ORDER DATE: February 19, 2002

ORDER TIME : 10:35 AM

ORDER NO. : 404269-025

CUSTOMER NO: 4383898

CUSTOMER: Ms. Kit Kelly

General Investment &

Suite 2000

600 Atlantic Avenue Boston, MA 02210

REINSTATEMENT

NAME:

WINDSOR AT ASHTON PARK INVESTORS CORPORATION

XX____ REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_ CERTIFIED COPY ____ PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: SUSIE KNIGHT EX 1156

EXAMINER'S INITIALS