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Florida Department of State
Division of Corporations
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TALLAHASSEE, FLORIDA

To:
Division of Corporations
Fax Number : (850)617-6384

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

CORPORATION REINSTATEMENT
CAMPANIA MANAGEMENT COMPANY, INC.

Certificate of Status	0
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Page Count	02
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F96 00000 1722

1. Corporation Name

CAMPANIA MANAGEMENT COMPANY, INC.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
440 Lincoln Street	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Worcester, MA	City & State
Zip: 01653 Country: U.S.A	Zip Country

01-10 CR2E081 (6/10)

4. Date Incorporated or Qualified To Do Business in Florida: 04/05/1996

5. FEI Number: 541618745 ☐ 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): 660 East Jefferson Street

Suite, Apt. #, Etc.

City: Tallahassee State: FL Zip Code: 32301

8. I, being appointed the registered agent of the above-named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent: _____ Date: 10/1/10

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
P	Dennis R. Santoli	111 Harry Street	Vienna, VA 22180
SVP	Andrew S. Robinson	440 Lincoln Street	Worcester, MA 01653
D	J. Kendall Huber	440 Lincoln Street	Worcester, MA 01653
S	Charles F. Cronin	440 Lincoln Street	Worcester, MA 01653

10. E-mail Address: _____

(To be used for future annual report notification)

11. I certify that I am an officer or director of 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. 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.

SIGNATURE: Charles F. Cronin 10/01/2010

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

FLOID - 08/03/2010 CT System Online