

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 DEC 10 AM 9:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **F96000004225**

1. Corporation Name  
**AEWCRT, INC.**

Principal Place of Business  
**225 FRANKLIN ST.  
BOSTON MA 02110-2803**

Mailing Address  
**225 FRANKLIN ST.  
BOSTON MA 02110-2803**



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable  
**c/o AEW Capital Management**  
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable  
**c/o AEW Capital Management**  
Suite, Apt. #, etc.

4. Date Incorporated or Qualified  
To Do Business in Florida **08/19/1996**

City & State

City & State

5. FEI Number **65-0689078** **APPLIED FOR**  
Applied For  Not Applicable

Zip Country

Zip Country

6. CERTIFICATE OF STATUS DESIRED  **\$8.75 Additional Fee required for a Certificate of Status**

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PST	DAVIDSON, MARC	225 FRANKLIN ST.	BOSTON MA 02110
DC	DAVIDSON, MARC	225 FRANKLIN ST.	BOSTON MA 02110

200002375822-8  
-12/17/97-01113-014  
\*\*\*\*750.00 \*\*\*\*750.00

**REINSTATEMENT**

*97.180  
12/10/97*

8. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

9. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
Suite, Apt. #, Etc.  
City State Zip Code  
**FL**

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 *Barbara A. Bucke*  
BE REGISTERED AGENT MUST SIGN

Date **11-20-97**

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes  No

(See other side for information on intangible tax.)

12. 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 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: *Mark Davidson* *Marc Davidson* **11/17/97 617-261-9287**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (8/97)