

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

00 NOV 13 PM 4:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

AEWCRT, Inc.

Handwritten initials

2. Principal Office Address c/o AEW
Capital Management, World
Trade Center East

Suite, Apt. #, etc.

2 Seaport Lane

City & State

Boston, MA

Zip

02210

Country

USA

3. Mailing Office Address

Same as 2.

Suite, Apt. #, etc.

City & State

REINSTATEMENT 99-00

4. Date Incorporated or Qualified
To Do Business in Florida

8/19/1996

5. FEI Number

650689078

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. #, Etc.

City

Plantation

State

FL

Zip Code

33324

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

Connie Bryan

CONNIE BRYAN

SPECIAL ASSISTANT SECRETARY

Date

11/9/2000

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
Dir., Pres., Treas., Sec.	Marc L. Davidson	c/o AEW Capital Management, L.P., World Trade Center East Two Seaport Lane	Boston, MA 02210-2021
			000003490960--6 -12/08/00--01008--017 ****758.75 ****758.75
			000003490960--6 -12/08/00--01008--018 ****141.25 ****141.25

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 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:

Grant Monahan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Grant Monahan, Vice President

10/17/00

Date

Daytime Phone #