

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

00 NOV 20 PM 2:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F98000005021

1. Corporation Name

BOCA 201 Corp.

2. Principal Office Address

100 Federal Street

Suite, Apt. #, etc.

City & State

Boston, MA

Zip
02110

Country
USA

3. Mailing Office Address

100 Federal Street

Suite, Apt. #, etc.

mail stop: MA DE 10019B

City & State

Boston, MA

Zip
02110

Country
USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

9/4/98

5. FEI Number

04-3016454

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

Amy Berlete
AMY BERLETETTI
REGISTERED AGENT MUST SIGN

SPECIAL ASSISTANT SECRETARY
Date 11/17/00

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
PD	Carl DeMarzo	100 Federal Street	Boston, MA 02110
r D	Dana R. DiMartinis	100 Federal Street	Boston, MA 02110
VP	Sheila M. Clark	100 Federal Street	Boston, MA 02110
T D	Merrill E. Marks	100 Federal Street	Boston, MA 02110
S	Donna M. Chabot	100 Federal Street	Boston, MA 02110
AS	Patrick D. Gannon	100 Federal Street	Boston, MA 02110

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: *Patrick D. Gannon* Patrick Gannon, Assistant Secretary 11/17/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(617) 434-5197