

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED

01 OCT 31 PM 1:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

**F980000005021**

1. Corporation Name

Boca 201 Corp

2. Principal Office Address MADE 10019A

100 Federal Street, 19th Fl.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Boston, MA

City & State

Zip 02110

Country USA

Zip

Country

100004694241--2  
-11/27/01--01009--012  
\*\*\*\*750.00 \*\*\*\*750.00

**REINSTATEMENT**

**00-01**

4. Date Incorporated or Qualified  
To Do Business in Florida

9-4-98

5. FEI Number

043016454

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 **KRISTEN BETZGER**

Registered Agent **VICE PRESIDENT**

REGISTERED AGENT MUST SIGN

Date **10/30/01**

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
	SEE ATTACHED		

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:

**Desiree Wong**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-29-01 617-434-5906

Daytime Phone #

2 of 2

## **Board of Officers & Directors**

### **Officers**

#### **President**

**Carl DeMarzo**

Business: 100 Federal Street, Boston, MA 02110

#### **Vice-President**

**Dana R. DiMartinis**

Business: 100 Federal Street, Boston, MA 02110

#### **Secretary**

**Donna M. Chabot**

Business: 100 Federal Street, Boston, MA 02110

#### **Assistant Secretary**

**Desiree Wong**

Business: 100 Federal Street, Boston, MA 02110

#### **Treasurer**

**John P. Sullivan**

Business: 100 Federal Street, Boston, MA 02110

### **Directors**

**Carl DeMarzo**

Addresses: same as above

**Dana R. DiMartinis**

Addresses: same as above

**Paul V. Kennedy**

Addresses: same as above

### **Expiration of Term**

Until the next annual meeting