

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DIVISION OF CORPORATIONS

10 AUG -4 AM 10:23

DOCUMENT # F99000002359

1. Corporation Name

EQUITY INDUSTRIAL II, INC.

2. Principal Office Address - No P.O. Box #

145 ROSEMARY STREET

3. Mailing Office Address

145 ROSEMARY STREET

Suite, Apt. #, etc.

SUITE E

Suite, Apt. #, etc.

SUITE E

City & State

NEEDHAM, MA

City & State

NEEDHAM, MA

Zip

02494

Country

USA

Zip

02494

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

05/06/1999

5. FEI Number

043467728

☐ 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

CORPORATION SERVICE COMPANY

Street Address (P.O. Box Number is Not Acceptable)

1201 HAYS STREET

Suite, Apt. #, Etc.

City

TALLAHASSEE

State

FL

Zip Code

32301-2525

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

Matthew Young

Asst. V. Pres.

Date **7/23/10**

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
PD	DONALD A. LEVINE	274 FOXHILL ROAD	NEEDHAM, MA 02192
TD	LEWIS HEAFITZ	67 BERKELEY STREET	WEST NEWTON, MA 02461
CD	NEAL SHALOM	8 SEARS ROAD	BROOKLINE, MA 02146
AC	RICHARD GASS	259 KENT STREET	BROOKLINE, MA 02146

10. E-mail Address: **THEWLITT@KESNERMORRISSEY.COM**

(To be used for future annual report notification)

11. 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, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/26/10

781-449-9000