

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 MAR 30 PM 1:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G 64957

1. Corporation Name

TEC COGENERATION INC.
81 Wyman Street
Waltham, MA 02454

2. Principal Office Address
81 Wyman Street

3. Mailing Office Address
81 Wyman Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Waltham, MA

City & State
Waltham, MA

Zip Country
02454 USA

Zip Country
02454 USA

4. Date Incorporated or Qualified To Do Business in Florida 10/13/1983

5. FBI Number
042850296

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$2.75 Additional Fee Applicable 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 S. PINE ISLAND ROAD

Suite, Apt. #, Etc.

City PLANTATION

State Zip Code
FL 33324

8. I, being appointed the registered agent of the above named corporation, am familiar with and acknowledge the provisions of sections 607.0505 or 617.0505, F.S.

Signature of Registered Agent

[Signature]

SALVINA ABENTA-OLAY
SPECIAL ASSISTANT SECRETARY

3/29/04

9. Names and Street Addresses of Each Officer and/or Director (Florida non-profit 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
D	Theo Melas-Kyriazi	81 Wyman Street	Waltham, MA 02454
P	Theo Melas-Kyriazi	81 Wyman Street	Waltham, MA 02454
S	Seth H. Hoogasian	81 Wyman Street	Waltham, MA 02454
Asst. S	Robert V. Aghababian	81 Wyman Street	Waltham, MA 02454
Asst. S	Theresa R. Boni	81 Wyman Street	Waltham, MA 02454
Asst. S	John A. Picofone	81 Wyman Street	Waltham, MA 02454
Treasurer	Kenneth J. Apicerno	81 Wyman Street	Waltham, MA 02454
Asst. T	Maura A. Spellman	81 Wyman Street	Waltham, MA 02454

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 disqualification 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)(X), 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:

[Signature]

3/19/2004

781-622-1132

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Florida Department of State

Division of Corporations

Public Access System

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To:

Division of Corporations
Fax Number : (850) 205-0384

From:

Account Name : C T CORPORATION SYSTEM
Account Number : PCA000000023
Phone : (850) 222-1092
Fax Number : (850) 222-9428

CORPORATION REINSTATEMENT**TEC COGENERATION INC.**

Certificate of Status	0
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