

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

00 APR 25 PM 2:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-05/03/00--01150--006
*****8.75 *****8.75

[Handwritten signature]

REINSTATEMENT 99-00

DOCUMENT # L18476
1. Corporation Name
Palm East Development Corp.

2. Principal Office Address 500 Federal Street		3. Mailing Office Address	
Suite, Apt. #, etc. 01-19-03 MA DE 10019B		Suite, Apt. #, etc.	
City & State Boston, MA		City & State	
Zip 02110	Country USA	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida 9/26/1989	
5. FEI Number 04-3066158	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name CT Corporation System		800003238618--9 -05/03/00--01150--005 *****900.00 *****900.00	
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: *[Signature]* **SALVINA AMENTA-GRAY**
 REGISTERED AGENT MUST SIGN **SPECIAL ASSISTANT SECRETARY**
 Date: 4-18-00

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
P/D	Carl DeMarzo	100 Federal Street	Boston, MA 02110
J/D	Merrill E. Marks	100 Federal Street	Boston, MA 02110
S	Donna M. Chabot	100 Federal Street	Boston, MA 02110
Asst. S	Donna M. Rowan	100 Federal Street	Boston, MA 02110
D	Dana R. DiMartino	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: *[Signature]* **Donna M. Rowan**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date: 4/24/00
 Daytime Phone #: 617-434-5360

CR2E081 (9/99)