

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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*****8.75 *****8.75

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

MADE 10019B

Suite, Apt. #, etc.

City & State

Boston, MA

City & State

Zip
02110

Country
USA

Zip

Country

REINSTATEMENT 99-00

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 ☒

\$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

SALVINA AMENTA-GRAY

SPECIAL ASSISTANT SECRETARY

Date

4-8-00

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
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:

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)