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Account Name : C T CORPORATION SYSTEM
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Phone : (850)222-1092
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LIMITED LIABILITY REINSTATEMENT

ONE CLEARLAKE CENTRE, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	$238.75

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M04000005542

1. Limited Liability Company's Name

ONE CLEARLAKE CENTRE LLC

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
2 SEAPORT LANE	2 SEAPORT LANE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: BOSTON, MA	City & State: BOSTON, MA
Zip: 02210 Country: USA	Zip: 02210 Country: USA

4. State/Country of Formation: DELAWARE

5. Date Organized or Qualified To Do Business in Florida: 12/16/2004

6. FEI Number: 20-2027809 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee Required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: CT CORPORATION

Street Address (P.O. Box Number is Not Acceptable): 1200 SOUTH PINE ISLAND ROAD

Suite, Apt. #, Etc.

City: PLANTATION State: FL Zip Code: 33324

☐ A $100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the $100 reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent: Kristen Belzer Vice President Date: 10/20/2009

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Member/Manager	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	JAMES J FINNEGAN	2 SEAPORT LANE	BOSTON, MA 02210

REINSTATEMENT

09

ok 10-21-09

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 605, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 605.0108, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager: _____ Date: 10/20/2009 Daytime Phone #: 617-261-9000

Typed or printed name of signing Managing Member/Manager: James J. Finnegan

FL110 - 10/08/2008 CT System Online