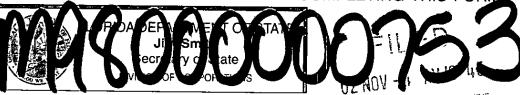
APPLICATION. **FOR** REINSTATEMENT



1. DOCUMENT #

M98000000753

Name and Mailing Address

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SECRETARY OF STATE TALLAHASSEE FLORIDA

0006686 01 FP 0.352 **PRSRT T1 0 0615 01460-112801 Manallalallallaanllaathilalalalaaa11.01...1 MIDDLESEX LLC C/O THE MIDDLESEX COMPANIES ONE SPECTACLE POND RD. LITTLETON MA 01460-1128



2. New Mailing Address				4. State/Country of Formation		
City, State, Zip -				4. State/Country of Formation DE 5. Date Organized or Qualified To Do Business in Florida 07/13/1998		
1335 THOMAS AVENUE		3. New Principal Place of Business Address		6. FEI Number Applied For 59–3520401 Not Applicable		
		City, State, Zip		7. CERTIFICATE OF STATUS DESIRED S5.00 Additional Fee required for a Certificate of Status		
	8. Name and Address of Current	Registered Agent		9. Name and	Address of New Registered Ag	ent
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2607			Name CT Corporation System Street Address (P.O. Box Number is Not Acceptable) 1200 S. Pine Island Read			
			Plantation FL 33324			
Signature o Registered	Agent Agent	LAUFEN H.	. KREATZ, .NT-SECRETA	1	Date 10/24/6	·/-
Title(s)	Name of Managing	Stre	treet Address of Each			
	Members/Managers	Manag	Managing Member/Manager		City / State / Zip	
MEM	THE MIDDLESEX CORPORATION	ONE SPECTACL	ONE SPECTACLE POND ROAD		LITTLETON MA 01460	
				1 O (000877083 2-01015004 **	1. 150:00
			<u> </u>			
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all fees	that I am managing member/manager or is reinstatement application the reason for owed by the limited liability company have ade under oath.	the receiver or trustee empowered t dissolution has been eliminated, the li been paid. The information indicated	o execute this appl mited liability comp on this application	lication as provide any name satisfies is true and accura	ed for in chapter 608, F.S. I furth s the requirements of section 608 te, and my signature shall have t	er certify that when 3.406, F.S., and that the same legal effect

Managing Member/Manager

Signature of

Daytime Phone # (978) 742-4400