

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 DEC 22 PM 12:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N98000005551**

1. Corporation Name

MWH #14 CORPORATION

Principal Place of Business

Mailing Address

C/O TA ASSOCIATES REALTY
28 STATE STREET
BOSTON MA 02109

C/O TA ASSOCIATES REALTY
28 STATE STREET
BOSTON MA 02109



REINSTATEMENT

03

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

09/25/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

58-2417788

Not Applicable

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
DCP	RUANE, MICHAEL A	28 STATE STREET, 10TH FLOOR	BOSTON MA 02109
DV	NEHER, ANDREW M	28 STATE STREET, 10TH FLOOR	BOSTON MA 02109
AS	MAGNUS SAKOWICH, KAREN	28 STATE STREET, 10TH FLOOR	BOSTON MA 02109
DV	HARMELING, MARK M	28 STATE STREET	BOSTON MA 02109

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

000025681370

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

[Signature] **Arif V.P.**
REGISTERED AGENT MUST SIGN

Date **12-19-2003**

11. 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]

11/3 /03

617 476 2700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Richard G. Egan, Jr. Secretary and Treasurer

Date

Daytime Phone #

CR2E040 (7/03)

MWH #14 Corporation
List of Officers and Directors

✓	DCP	Michael A. Ruane	28 State Street, 10 th Fl., Boston, MA 02109
	VTs	Richard G. Egan, Jr.,	28 State Street, 10 th Fl., Boston, MA 02109
✓	VD	Mark M. Hamerling	28 State Street, 10 th Fl., Boston, MA 02109
✓	VD	Andrew M Neher	28 State Street, 10 th Fl., Boston, MA 02109
	V	Henry Brauer	28 State Street, 10 th Fl, Boston, MA 02109
	V	Scott Freeman	28 State Street, 10 th Fl., Boston, MA 02109
✓	AS	Karen Magno	28 State Street, 10 th Fl., Boston, MA 02109

TRA 1849807v1



CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 072100000032

REFERENCE : 368112 4304937

AUTHORIZATION :

Patricia Pigato

COST LIMIT : \$ 750.00

ORDER DATE : December 19, 2003

ORDER TIME : 9:41 AM

ORDER NO. : 368112-005

CUSTOMER NO: 4304937

CUSTOMER: Anne T. Leland, Legal Asst
Mintz, Levin, Cohn, Ferris,
One Financial Center

Boston, MA 02111

DOMESTIC FILINGS

NAME: MWH #14 CORPORATION \

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Norma Hull

EXAMINER'S INITIALS _____

RECEIVED
03 DEC 22 AM 10:51
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA