

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

06 FEB -3 AM 9:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
02/18/06

**150.00

REINSTATEMENT

03-06

CR2E081 (8/05)
T. Roberts FEB 0 6 2006

4. Date Incorporated or Qualified
To Do Business in Florida 03/08/2001

5. FEI Number
04-3616968

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

800062117203
12/13/05--01038--012 ** 050.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807.0505 or 817.0503, F.S.

Signature of
Registered Agent

Connie Bryan

CONNIE BRYAN
SPECIAL ASSISTANT SECRETARY
REGISTERED AGENT MUST SIGN

Date February 3, 2006

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
Pres/Dir	Michael H. Gladstone	101 Arch Street	Boston, MA 02110
Trea	Karen L. Edlund	101 Arch Street	Boston, MA 02110
VP	Melissa D. Smith	101 Arch Street	Boston, MA 02110
VP	Armando Perez	101 Arch Street	Boston, MA 02110

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02/10/06--01008--010 **150.00

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 807 or 817, 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 807.0401 or 817.0401, 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: Melissa Smith

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12-7-05 443-263-2883