

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Nathan
Secretary of State
DIVISION OF CORPORATIONS

02545

FILED
96 DEC 31 PM 12:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

Deansbank Seventh Freeholds, Inc.

Principal Place of Business

Mailing Address

225 Franklin Street
25th Floor
Boston, MA 02110

225 Franklin Street
25th Floor
Boston, MA 02110

REINSTATEMENT

12-31-96
95-796

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

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable

3. New Mailing Address, If Applicable

4. Date incorporated or Qualified
To Do Business in Florida

6-27-84

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

13-3225942

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
Director	Donald Knab	14 Kings Hill Court c/o Grete & Sidney	Summit, NJ 07901
Director	Ross Sidney	222 Grand Avenue, PO Box 10434	Des Moines, IA 50306
Director	Robert Hunter	244 California Street, Suite 712	San Francisco, CA 94111
Director	Leslie Trzuskoski	Chase Manhattan Bank 101 Park Avenue, 14th Floor	New York, NY 10081
Director	Patrick Locke	Church Commissioners for England One Millbank	London, England SW1P 3JZ
Director	Andrew Browne	Church Commissioners for England One Millbank	London, England SW1P 3JZ

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CT Corporation System
1200 S. Pine Island Road
Plantation, FL 33324

Name

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

Suite, Apt. #, Etc.

City

100002079161-1

-02/05/97--01125--002

FL 575.00

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.

Signature of
Registered Agent

X Barbara A. Burke

BARBARA A. BURKE

REGISTERED AGENT MUST SIGN

SPECIAL ASSISTANT SECRETARY

Date

1-29-97

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐

(See other side for information
on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

1/27/97

Date

(07-261-9000

Daytime Phone #

CR02040 (12/95)