

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

04 JAN 15 AM 10:55

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P04504**

1. Corporation Name

WINTHROP ENERGY MANAGEMENT, INC.

Principal Place of Business

Mailing Address

7 BULFINCH PLACE
 500 P.O. BOX 9507
 BOSTON MA 02114-9507
 US

7 BULFINCH PLACE
 500 P.O. BOX 9507
 BOSTON MA 02114-9507
 US

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT 03

4. Date Incorporated or Qualified To Do Business in Florida

12/27/1984

5. FEI Number

04-2816041

Applied For

Not Applicable

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	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
AS	FORRESTER, ALLISON	7 BULFINCH PLACE STE 500 PO BOX	BOSTON MA 02114
P	ASHNER, MICHAEL	7 BULFINCH PLACE STE 500 PO BOX	BOSTON MA 02114
EV	BRAVERMAN, PETER	7 BULFINCH PLACE STE 500 PO BOX	BOSTON MA 02114

700027621477
 01/26/04--01032--003 **750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.
 1201 HAYS STREET
 SUITE 105
 TALLAHASSEE FL 32301

Name

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

Suite, Apt. #, Etc.

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

John H. Pelletier

JOHN H. PELLETIER
 ASST. VICE PRESIDENT

Date

1/14/04

REGISTERED AGENT MUST SIGN

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael Ashner President

Date

1/6/04

Daytime Phone #

516
 822-0022