

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 MAY -3 PM 12:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P37915 Non Profit

1. Corporation Name

The Environmental Careers Organization,
INC.

700005509487--7
-05/14/02--01060--011
****665.00 ****665.00

2. Principal Office Address

179 South St.

Suite, Apt. #, etc.

5th Floor

City & State

Boston, MA

Zip

02111

Country

USA

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

REINSTATEMENT 95-02

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

04-2670335

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

Jennifer Fontes

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

1940 Bay DRIVE

Suite, Apt. #, Etc.

19

City

Miami Beach

State

FL

Zip Code

33141

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Jennifer Fontes

Date

4/26/02

REGISTERED AGENT MUST SIGN

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
<u>P</u>	<u>John R. Cook Jr.</u>	<u>179 SOUTH ST.</u>	<u>Boston, MA 02111</u>
<u>C</u>	<u>ROBERT P. LAWRENCE</u>	<u>2088 UNION ST., SUITE 1</u>	<u>SAN FRANCISCO, CA 94123</u>
<u>V</u>	<u>VIRGINIA MEANY</u>	<u>73 TREMONT ST.</u>	<u>Boston, MA 02108</u>
<u>T</u>	<u>DEBORAH GENALT</u>	<u>465 MEDFORD ST., SUITE 2200</u>	<u>CHARLESTOWN, MA 02129</u>
<u>C</u>	<u>ALFRED E. WECHSLER</u>	<u>60 HAMPTON MEADOWS</u>	<u>HAMPTON, NH 03842</u>
			<u>09513</u>

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 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:

Jennifer Fontes
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/02
Date

617/426-4375
Daytime Phone #