

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED  
02 OCT 21 PM 2:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION REINSTATEMENT**  
FLORIDA DEPARTMENT OF STATE  
**Katherine Hams**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #P93000020846**  
1. Corporation Name  
NORTHEASTER MANAGEMENT COMPANY, INC.

2. Principal Office Address 949 King Avenue		3. Mailing Office Address 949 King Avenue	
Suite, Apt. #, etc. ATTN: David J. Hogan		Suite, Apt. #, etc. ATTN: David J. Hogan	
City & State Columbus OH		City & State Columbus OH	
Zip 43212	Country US	Zip 43212	Country US

4. Date Incorporated or Qualified To Do Business in Florida 03/19/1993

5. FEI Number 65-0391561  
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 S. Pine Island Road

Suite, Apt. #, Etc.

City  
Plantation

State  
FL

Zip Code  
33324

100008491651--8  
-10/21/02--01113--001  
\*\*\*2952.50 \*\*\*908.75

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, VS.

Signature of Registered Agent *Kristen Betzger* **KRISTEN BETZGER** Date 10.18.02  
REGISTERED AGENT MUST SIGN **ASSISTANT SECRETARY**

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
P/T/S	Hogan, David J.	949 King Avenue	Columbus OH 43212
VP	Walsh, Thomas	112 Water Street	Boston MA 02109

**REINSTATEMENT** *DR-02*

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: *David J. Hogan*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **David J. Hogan** Date 10-15-02 614-421-7500  
Daytime Phone #