

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

102

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 OCT 23 PM 2:26

DOCUMENT # F00000000740

1. Corporation Name

AALP, INC.

Principal Place of Business

Mailing Address

111 SIXTH STREET
CAMBRIDGE MA 02141

111 SIXTH STREET
CAMBRIDGE MA 02141



REINSTATEMENT 01

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

4. Date Incorporated or Qualified To Do Business in Florida

02/09/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

043156474

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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 Title(s) | 2 Name of Officers and/or Directors | 3 Street Address of Each Officer and/or Director | 4 City / State / Zip |
|------------|-------------------------------------|--|----------------------|
| P | FELDMAN, GERALD | 545 BOYLSTON STREET | BOSTON MA 02116 |
| S | MATZKIN, JOSEPH H | 101 ARCH STREET, 9TH FLOOR | BOSTON MA 02110 |
| TD | O'DONNELL, JOSEPH | 111 SIXTH STREET | CAMBRIDGE MA 02141 |
| | | | |
| | | | |
| | | | |

500004650205--5

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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.

Signature of Registered Agent

SIGNATURE REQUIRED

Date

10/22/01

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)(l), 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 REQUIRED
Joseph H. Matzkin, secretary 10/22/01 617-951-2800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (8/01)

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ACCOUNT NO. : 072100000032
 REFERENCE : 133855 4312862
 AUTHORIZATION : *Patricia Figue*
 COST LIMIT : \$ 750.00

ORDER DATE : October 22, 2001
 ORDER TIME : 10:13 AM
 ORDER NO. : 133855-005
 CUSTOMER NO: 4312862
 CUSTOMER: Kim Wormstead, Legal Assistant
 Looney & Grossman
 101 Arch Street
 9th Floor
 Boston, MA 02110-1112

REINSTATEMENT

NAME: AALP, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Norma Hull

EXAMINER'S INITIALS _____

RECEIVED
 01 OCT 23 PM 12:58
 DIVISION OF CORPORATION