PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Katherine Harris

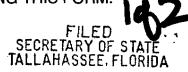
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # F

F0000000740

1. Corporation Name



01 OCT 23 PM 2: 26

AALP,	INC.								
Principal Pl	lace of Busine	oce.	Mailing Addre	200					
111 SIXTH STREET			111 SIXTH S	111 SIXTH STREET CAMBRIDGE MA 02141					
		incorrect in any way, line thr	ough incorrect in	formation and e	nter correction below.	REIN	STATEME	NT OL	
New Principal Office Address, If Applicable New Ma			3. New Maili	ling Office Address, If Applicable			porated or Qualified ness in Florida	02/09/2000	
Suite, Apt. #, etc. Suite,			Suite, Apt. #,	#, etc.		5. FEI Number		Applied For	
City & State City			City & State	ly & State		043156474 Not Applicable			
Zip	p Country Zip		Zip	Country 6.			ATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status		
7. Names a	and Street Ad	dresses of Each Officer and	or Director (Flo	rida nonprofit co	porations must list at lea	ast 3 directors)			
Title(s)	Name of Officers and/or Directors			Street Address of Each Officer and/or Director			City / State / Zip		
P	FELDMAN, GERALD			545 BOYLSTON STREET			BOSTON MA 02116		
.\$	MATZKIN, JOSEPH H			101 ARCH STREET, 9TH FLOOR			BOSTON MA 02110		
TD	D O'DONNELL, JOSEPH			111 SIXTH STREET CAMBRIDGE MA 02141 50004650			CAMBRIDGE MA 02141		
							2055		
	8. Nam	e and Address of Current	Registered Age	nt		9, Name and A	Address of New Registered	Agent	
	 	-		<u></u>	Name				
CORPORATION SERVICE COMPANY 1201 HAYS STREET					Street Address (P.O. Box Number is Not Acceptable)				
TALLAHASSEE FL 32301-2525				Suite, Apt. #, Etc.					
					City	<u> </u>	Stat	e Zip Code	
10. 1, being	appointed the	e registered agent of the abo	ove named corpo	ration, am famili	ar with and accept the ol	bligations of Secti			
Signature of Registered Agent SIGNATUSE BE QUIRED Date 16/12/6/									
this rein	statement app the corporati	olication, the reason for disso	olution has been names of individ	eliminated, the c uals listed on this	corporate name satisfies s form do not qualify for	the requirements an exemption und	apter 607 or 617, F.S. I furthe s of section 607.0401 or 617.0 der section 119.07(3)(i), F.S.	0401, F.S., that all fees	

CR2E040 (8/0



ACCOUNT NO. : 072100000032

REFERENCE

133855 431286

AUTHORIZATION

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

DIVISION OF CORPORATION