

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS



FILED

98 DEC -8 PM 12:40

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # 849571

1. Corporation Name

FLEET REAL ESTATE, INC.

Principal Place of Business

Mailing Address

ONE FEDERAL ST
 MA/OF/DO3F
 BOSTON MA 02110

ONE FEDERAL ST
 MA/OF/DO3F
 BOSTON MA 02110



REINSTATEMENT

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 ad

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		06/29/1981	
City & State		City & State		5. FEI Number	
Zip		Country		05-0349050	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
				Applied For	
				Not Applicable	
				\$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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	WITKIN, KENNETH J	ONE FEDERAL ST	BOSTON MA 02110
DSVP	GALLIGAN, MATTHEW E	ONE FEDERAL ST	BOSTON MA 02110
SVP	HART, JAY C	ONE FEDERAL ST	BOSTON MA 02110
S	SCRIBNER, THOMAS E	75 STATE STREET	BOSTON, MA 02109
100002708331--9 -12/10/98--01008--007 ****750.00 ****750.00			

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State Zip Code
			FL

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: THOMAS E. SCRIBNER **REQUIRED** Date: 12/7/98
 REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No

(See other side for information on intangible tax.)

12. 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: THOMAS E. SCRIBNER **REQUIRED** Date: 12/4/98 Daytime Phone #: 017-346-3365
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (9/88)