PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 DEC 29 AM 11:22
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # F00000003424

1. Corporation Name

ONEUNITED BANK

Principal Place of Business	Mailing Address
133 FEDERAL STREET BOSTON MA 02110	133 FEDERAL STREET BOSTON MA 02110

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 03

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 06/15/2000

5. FEI Number: 04-2764211 ☐ Applied For ☐ Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
CEO	COHEE, KEVIN	133 FEDERAL STREET	BOSTON MA 02110
~~VP~~ SVP	~~MUNDY, JAMES~~ Delete TROTTER, JOHN	~~133 FEDERAL STREET~~ 3683 CRENSHAW BLVD	~~BOSTON MA 02110~~ LOS ANGELES, CA 90016
S	HYMAN, SYVALIA III	434 MASSACHUSETTS AVE., SUITE 40	BOSTON MA 02118
TREA	BURLEY, MICHAEL P	133 FEDERAL STREET	BOSTON MA 02110
D	CARR, RICHARD D	4 SKYLINE DRIVE	WELLESLEY MA 02181
D	COHEE, KEVIN	88 CLYDE STREET	CHESTNUT HILL MA 02146

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
BARNES, GLORIA ONEUNITED BANK 3275 NW 79TH ST MIAMI FL 33147	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City / State / Zip Code 400024567434 11/10/03--01081--001 **155.00 FL

CR2E040 (7/03)

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. or 617.0505, F.S.

400024567434
12/29/03--01045--025 **600.00

Signature of Registered Agent: Gloria J. Barnes
REGISTERED AGENT MUST SIGN

Date: October 23, 2003

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)(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: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/31/03
Date

617-457-4425
Daytime Phone #