

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6384

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

CORPORATION REINSTATEMENT
FIDELITY INVESTMENTS INSTITUTIONAL OPERATIONS
COMPAN

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$1,058.75

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 JUN 17 PM 2:58

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F0000006499**

1. Corporation Name
Fidelity Investments Institutional Operations Company, Inc.

2. Principal Office Address - No P.O. Box #
82 Devonshire Street

3. Mailing Office Address
82 Devonshire Street

Suite, Apt. #, etc.
F7B

Suite, Apt. #, etc.
F7B

City & State
Boston, MA

City & State
Boston, MA

Zip
02109

Country
USA

Zip
02109

Country
USA

CR2B001 (6/10)

4. Date incorporated or Qualified To Do Business in Florida
11/21/2000

5. FEI Number
04-2647786

Applied For
 Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$0.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
C T Corporation System

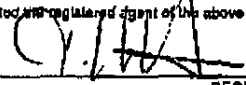
Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road

Suite, Apt. #, Etc.
-

City
Plantation

State
FL

Zip Code
33324

8. I, being appointed and registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.
Signature of Registered Agent:  **TRACY MONAK**
REGISTERED AGENT MUST SIGN
Date: **6/17/10**

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
	(see attached)		

REINSTATEMENT 08-10

10. E-mail Address: **nicols.heilman.boyer@fmr.com**

(To be used for future annual report notification)

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. I further certify 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: 

Peter D. Stahl

June 14, 2010

(617) 563-7000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

