

FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

07 AUG 31 PM 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDACORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F01000004321

1. Corporation Name

Hill, Holliday, Connors, Cosmopolis, INC.

2. Principal Office Address - No P.O. Box

200 Clarendon St

Suite, Apt. #, etc.

Floor 41

City & State

Boston MA

Zip

02116

Country

USA

3. Mailing Office Address

404 Washington Ave

Suite, Apt. #, etc.

6th Floor

City & State

Miami Beach FL

Zip

33139

Country

USA

CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida

8-15-01

5. FEI Number

04-3413445

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐\$9.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable)

1201 Hays St.

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

☐ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

8. I, being appointed the 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

Doreen Wallace

Doreen Wallace

Assistant Vice President

Date

8/31/07

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DIVIS	Nicholas Joseph Camera	1114 Ave of the Americas	New York NY 10036
D/CEO	Mike Sheehan	200 Clarendon St	Boston MA 02116
P	Karen Kaplan	200 Clarendon St	Boston MA 02116
CFO	Kevin Walsh	200 Clarendon St	Boston MA 02116

REINSTATEMENT 08-07

RH

10. 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 contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CFO Kevin Walsh 8/29/07

Date

Daytime Phone #

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H07000219579 3)))



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To:

Division of Corporations
Fax Number : (850)205-0384

From:

Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850)521-1000
Fax Number : (850)558-1575

CORPORATION REINSTATEMENT

HILL, HOLLIDAY, CONNORS, COSMOPULOS, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$1,050.00

RH

Electronic Filing Menu

Corporate Filing Menu

Help

The corporation has indicated in accordance with s. 607.193(2)(b), F.S., it did not receive the prior notice. They have requested the late fee be waived.



CORPORATION SERVICE COMPANY

October 5, 2007

Tyrone Scott
Florida Department of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RE: Hill, Holliday, Connors, Cosmopolos, Inc.
Doc # F01000004321

Dear Mr. Scott,

Per your conversation with Doreen Wallace in our office, we request your assistance with an error made in submission of a Reinstatement Application for the above referenced corporation. Our customer requested we check the box stating "The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices..." This box should have been checked. Please make the change on the filing and credit our account with the penalty fees that were charged.

If you have any questions, feel free to contact me. Thank you so much for your assistance!

Sincerely,

A handwritten signature in cursive script, appearing to read "Lynette R. Coleman", is written over the typed name.
Lynette R. Coleman
Branch Manager

/lrc