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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM **FILED**

16 MAY - 2 AM 03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F14000001961

1. Corporation Name
KBW Group Inc. Florida Kew Group, Inc.

2. Principal Office Address - No P.O. Box # 840 Memorial Drive		3. Mailing Office Address 840 Memorial Drive	
Suite, Apt. #, etc. 4th Floor		Suite, Apt. #, etc. 4th Floor	
City & State Cambridge, MA		City & State Cambridge, MA	
Zip 02139	Country USA	Zip 02139	Country USA

000285293800
05/02/16--01001--023 **300.00

4. Date Incorporated or Qualified to do Business in Florida
4/25/2014

5. FEI Number
45-3836832

6. CERTIFICATE OF STATUS DESIRED YES NO

\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
CT Corporation System

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

Suite, Apt. #, Etc.

City
Plantation

State
FL

Zip Code
33324

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0606 or 617.0603, F.S.

Signature of Registered Agent *Michael Seraphin* **Michael Seraphin Asst. Secretary** Date **5/2/2016**

REGISTERED AGENT MUST SIGN

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

Title	Name of Officers and/or Directors	Street Address of Each Office and/or Director	City / State / Zip
	See Attached		

10. E-mail Address: _____
(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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in § 817.155, F.S.

SIGNATURE: *Michael Seraphin* **Michael Seraphin** Date **4/27/2016**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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Board of Directors

Tuan Ha-Ngoc – 840 Memorial Drive, 4th Floor, Cambridge, MA, 02139

Joyce Erony – 840 Memorial Drive, 4th Floor, Cambridge, MA, 02139

Raju Kucherlapati – 840 Memorial Drive, 4th Floor, Cambridge, MA, 02139

Valerie Friedman – 840 Memorial Drive, 4th Floor, Cambridge, MA, 02139

Tom Miller – 840 Memorial Drive, 4th Floor, Cambridge, MA, 02139

Justin Simoncini – 840 Memorial Drive, 4th Floor, Cambridge, MA, 02139

Officers

Tuan Ha-Ngoc – Executive Chairman – 840 Memorial Drive, 4th Floor, Cambridge, MA 02139

Mark Myslinski – Chief Commercial Officer – 840 Memorial Drive, 4th Floor, Cambridge, MA 02139