

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
 Katherine Harris  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # F93000003105

1. Corporation Name  
**MANNING & NAPIER ADVISORY ADVANTAGE CORPORATION**

Principal Place of Business 1100 CHASE SQUARE ROCHESTER NY 14604 US	Mailing Address 1100 CHASE SQUARE ROCHESTER NY 14604 US
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If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country	3. New Mailing Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country
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**FILED**  
 01 APR 27 PM 3:57  
 SECRETARY OF STATE  
 TALLAHASSEE FLORIDA

400004195124--1  
 -05/11/01--01025--002  
 \*\*\*150.00 \*\*\*150.00  
 07/02/1993

4. Date Incorporated or To Do Business in Florida	5. FEI Number	Applied For
07/02/1993	16-1368091	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)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
CTD	AUSPITZ, B. REUBEN	1100 CHASE SQUARE	ROCHESTER NY 14604
SD	OATHOUT, BRENDA F	1100 CHASE SQUARE	ROCHESTER NY
<del>P</del>	<del>PELTIER, PAUL E</del> Terminated 02/15/2000	<del>6099 RIVERSIDE DR STE 207</del>	<del>DUBLIN OH 43017</del>
D	GALUSHA, BETH H	1100 CHASE SQUARE	ROCHESTER NY 14604

**REINSTATEMENT** 2000-01 *[Signature]*

8. Name and Address of Current Registered Agent  
**ADRIAN, GRETCHEN**  
 SOUTH TRUST PLAZA, SUITE 852  
 1800 SECOND STREET  
 SARASOTA FL 34236

9. Name and Address of New Registered Agent  
 Name: **CT 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**

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: *[Signature]* Date: **4-26-01**  
 MARCEY L. SMITH REGISTERED AGENT MUST SIGN  
 ASST. SECY.

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  
**Brenda F. Oathout, Corporate Secretary**

400004195124--1  
 05/11/01--01025--003  
 \*\*\*750.00 \*\*\*750.00  
 4/27/01 716-325-6880  
 Date Daytime Phone #

CR2E040 (8/00)