

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

15 NOV 30 PM 8: 02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P34822

1. Corporation Name

BTMU Capital Corporation

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

111 Huntington Avenue

3. Mailing Office Address

111 Huntington Avenue

Suite, Apt. #, etc.

Suite 601

Suite, Apt. #, etc.

Suite 601

City & State

Boston, MA

City & State

Boston, MA

Zip

02199-8001

Country

US

Zip

02199-8001

Country

US

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

DE-11/09/1989

5. FEI Number

22-3031156

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$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

400292790864
11/30/16--01004--009 **\$900.00

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

Date

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
Director	Kevin Haugh	111 Huntington Avenue, Suite 601	Boston, MA 02199-8001
Director	Fumitaka Nakahama	111 Huntington Avenue, Suite 601	Boston, MA 02199-8001
Chairman & President	Lance Markowitz	111 Huntington Avenue, Suite 601	Boston, MA 02199-8001
Director	Craig Zlotnick	111 Huntington Avenue, Suite 601	Boston, MA 02199-8001

10. E-mail Address: Kevin.Haugh@unionbank.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., 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 s.817.155, F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9.23.16

Date

Daytime Phone #

RE 12/1/16