PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
96 NOV -4 AM 9:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 381415

1. Corporation Name

MONTGOMERY AND COLLINS, INC. OF FLORIDA

Principal Place of Business	Mailing Address
MONTGOMERY & COLLINS 177 MILK ST STE 310 BOSTON MA 02109 US	MONTGOMERY & COLLINS INC 177 MILK ST STE 310 ~~BOSTON~~ MA 02109 US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 9/6

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: BOSTON, MA 02109
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 04/30/1971

5. FEI Number: 59-1358611 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
CCEO/D	~~ELASS~~, SANFORD D ELSASS	~~117~~ MILK ST STE 310 177	BOSTON MA 02109
P D	BANEY, JOHN	177 MILK ST STE 310	BOSTON MA 02109
V D	SELDENECK, ~~CLAYTON~~ CLAY VON	177 MILK ST STE 310	BOSTON MA 02109
T/V	LITMAN, DANA W	177 MILK ST SWTE 310	BOSTON MA 02109
S D	RUDKIN, BILL	177 MILK ST STE 310	BOSTON MA 02109
S/V	FRANK, JANE A	177 MILK ST STE 310	BOSTON MA 02109

8. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

9. Name and Address of New Registered Agent 9814-9

Name: 200002001192--8
Street Address (P.O. Box Number is Not Acceptable): ~~117~~ 36--01118--015
****383.75 ****383.75
Suite, Apt. #, Etc.:
City: State: FL Zip Code:

CR2E040 (7/96)

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: Patricia A. Canario Date: 10/10/96
REGISTERED AGENT MUST SIGN
PATRICIA A. CANARIO, SPECIAL ASSISTANT SECRETARY
FOR CT CORPORATION SYSTEM

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒ (See other side for information on intangible tax.)

12. 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 REQUIRED 9/17/96 617-462 6211
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000787 AP