

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR REINSTATEMENT



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

DOCUMENT # 844341

1. Corporation Name
Fidelity Distributors Corporation

Principal Place of Business
Massachusetts

Mailing Address
82 Devonshire ST, N7A
Boston, MA 02109

93 MAY 11 PM 12:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500002520195--0
-05/12/98--01045--009
***1050.00 ***1050.00

REINSTATEMENT 96-98

A. Alan
5/11/98

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

2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable

4. Date Incorporated or Qualified
To Do Business in Florida July 18, 1960

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number
04-2270522

Applied For
Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

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
D	James C. Curvey	82 Devonshire ST, N7A	Boston, MA 02109
D	Edward C. Johnson, 3d	82 Devonshire ST, N7A	Boston, MA 02109
P/D	Martha B. Willis	82 Devonshire ST, N7A	Boston, MA 02109
V/S	Eric Roiter	82 Devonshire ST, N7A	Boston, MA 02109
Asst. S	Jay Freedman	82 Devonshire ST, N7A	Boston, MA 02109

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CT Corporation System
1200 South Pine Island Road
Plantation, FL 33324

Name	
Street Address (P.O. Box Number is Not Acceptable)	
Suite, Apt. #, Etc.	
City	State FL Zip Code

10. I, being appointed the registered agent of the above named corporation, on behalf of and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Connie Bryan

CONNIE BRYAN
SPECIAL ASSISTANT SECRETARY
REGISTERED AGENT MUST SIGN

Date 5-11-98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Jay Freedman Assistant Secretary

April 14, 1998 (617)563-7873

Date Daytime Phone #

CR2040 (1/98)