

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

98 NOV 23 AM 8:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 846731

1. Corporation Name

THE MANUFACTURERS LIFE INSURANCE COMPANY OF NORTH AMERICA

Principal Place of Business

Mailing Address

116 HUNTINGTON AVENUE
BOSTON MA 02116
US

116 HUNTINGTON AVENUE
BOSTON MA 02116
US

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

73 TREMONT STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

BOSTON, MA

Zip

Country

Zip

Country

02108

USA

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

08/14/1980

5. FEI Number

22-2265014

Applied For

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
CO D	MOORE, BRIAN X JOHN D. RICHARDSON	2500 YONGE STREET 200 BLOOR STREET EAST	NORTH YORK, ONTARIO TORONTO, ONTARIO M4W1E5
D	HUTCHINSON, PETER	5650 YONGE STREET	NORTH YORK, ONTARIO
P, D	DSPREZ, JOHN D III	116 HUNTINGTON AVE 73 TREMONT STREET	BOSTON MA
VP	BOYLE, JAMES R	116 HUNTINGTON AVE 73 TREMONT STREET	BOSTON MA
VPS	JAMES D. GALLAGHER	116 HUNTINGTON AVE 73 TREMONT STREET	BOSTON MA
VPT	LIBBEY, DAVID W. LIBBEY, DAVID W.	116 HUNTINGTON AVE 73 TREMONT STREET	BOSTON MA

8. Name and Address of Current Registered Agent

FLORIDA STATE INSURANCE COMMISSIONER
THE CAPITOL BUILDING
TALLAHASSEE FL 32301

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

400002700734-9

-12/02/98--01088--001

****750.00 State Zip Code

FL

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 REQUIRED

REGISTERED AGENT MUST SIGN

Date

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

Yes ☐ No ☐

(See other side of 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:

David W. Libbey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

REQUIRED

DAVID W. LIBBEY

11/20/98
Date

(617) 854-4300
Daytime Phone #

CR2E040 (9/98)