


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 NOV 25 PM 3:56 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # 848653					
1. Corporation Name Fidelity Brokerage Services, Inc.					
Principal Place of Business 82 Devonshire Street, F7D Boston, MA 02109			Mailing Address		
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 3/27/81	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 04-2653569	
City & State		City & State		Applied For Not Applicable	
Zip		Country		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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	2	3	4	5	6
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City	State	Zip
D/P	Robert P. Mazzarella	82 Devonshire Street	Boston, MA	02109	
D	Rodney R. Rohda	82 Devonshire Street	Boston, MA	02109	
D	Roger T. Servison	82 Devonshire Street	Boston, MA	02109	
VP/T	Kenneth Klipper	82 Devonshire Street	Boston, MA	02109	
S(Clerk)	Jeffrey Larsen	82 Devonshire Street	Boston, MA	02109	
Asst. T	Gary Greenstein	82 Devonshire Street	Boston, MA	02109	
8. Name and Address of Current Registered Agent The Prentice-Hall Corporation System, Inc. 1201 Hays Street Tallahassee, FL 32301			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 Rd. 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 <i>[Signature]</i> JEFFREY LARSEN Date 11/24/98 REGISTERED AGENT MUST SIGN SECRETARY					
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (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)(f), 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: <i>[Signature]</i> Jeffrey Larsen Date 11/12/98 Daytime Phone # 563-8515 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

CR2E040 (1/88)