

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 SEP 22 AM 11:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F01000000169

1. Corporation Name

FINANCIAL PERSPECTIVES PLANNING SERVICES, INC.

2. Principal Office Address

164 CANAL STREET

Suite, Apt. #, etc.

SUITE 500

City & State

BOSTON, MA

Zip

02114

Country

USA

3. Mailing Office Address

164 CANAL STREET

Suite, Apt. #, etc.

SUITE 500

City & State

BOSTON, MA

Zip

02114

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

01/09/2001

5. FEI Number

04-2912038

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 SOUTH PINE ISLAND ROAD

Suite, Apt. #, Etc.

City

PLANTATION

State

FL

Zip Code

33324

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

Barbara A. Burke

BARBARA A. BURKE
SPECIAL ASSISTANT SECRETARY

Date

9-9-03

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
TSD	BLEIDT, BRADFORD	8 NORTON'S POINT	MANCHESTER, MA 01944
PD	MCCARTY, JAMES	667 SUMMER STREET	MARSHFIELD HILLS, MA
D	FREEDMAN, MARVIN	22 WOODFIELD ROAD	WELLESLEY, MA

REINSTATEMENT 02-03

TS

10. 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

JAMES MCCARTY, PRESIDENT

9/8/03

617-723-1400

Date

Daytime Phone #

CR2E081 (10-02)