

Pg 1 of 1

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # FC2 000003329

1. Corporation Name

BostonCouch Florida Corp.

2. Principal Office Address - No P.O. Box #

82 Devonshire Street

3. Mailing Office Address

82 Devonshire Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Boston, MA

City & State

Boston, MA

Zip

02109

Country

USA

Zip

02109

Country

USA

7. Name and Address of Current Registered Agent

Name

C T Corporation System

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

1200 South Pine Island Road, c/o C T Corporation System

Suite, Apt. #, Etc.

City

Plantation

State
FL

Zip Code
33324

4. Date Incorporated or Qualified
To Do Business in Florida

06/28/2002

5. FEI Number
01-0722453

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 additional Fee required
for a Certificate of Status

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of
Registered Agent

Kristen Betzger
REGISTERED AGENT/NOTATION

Kristen Betzger
Vice President

Date 7/29/2010

9. Names and Street Addresses of Each Officer and/or Director (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
	*** See attached list ***		

10. E-mail Address: sandy.anderson-brooks@fmr.com

(To be used for future annual report notification)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapters 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. I further certify, 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:

Michael G. Pekowsky

Michael G. Pekowsky

July 22, 2010

617-563-7000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Directors/Officers Report

As Of 8/9/2010

BostonCoach Florida Corp.**Directors**

M. Benfield Phillips
 Charles J. Shea
 Stephen Winslow

Director
 Director
 Director

82 Devonshire Street, Boston, MA 02109
 82 Devonshire Street, Boston, MA 02109
 82 Devonshire Street, Boston, MA 02109

Officers

Lawrence Moulter
 Mark Munoz
 Douglas Tate
 Catherine Chaulet
 Douglas Tate
 Timothy J. Barrett
 J. Gregory Wass
 Patricia R. Hurley
 Minnie Joung
 Michael Pekowsky

President
 Chief Operating Officer
 Chief Financial Officer
 Vice President
 Treasurer
 Assistant Treasurer
 Assistant Treasurer
 Secretary
 Assistant Secretary
 Assistant Secretary

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**Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6384

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

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**CORPORATION REINSTATEMENT
BOSTONCOACH FLORIDA CORP.**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$1,050.00