

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2010 JUL 29 P 2:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F02 000003806

1. Corporation Name

FTM Service Corp.

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

82 Devonshire Street

Suite, Apt. #, etc.

City & State

Boston, MA

Zip

02109

Country

USA

3. Mailing Office Address

82 Devonshire Street

Suite, Apt. #, etc.

City & State

Boston, MA

Zip

02109

Country

USA

CR2E081 (6/10)

4. Date Incorporated or Qualified
To Do Business in Florida

07/25/2002

5. FEI Number
04-3002496

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

SEE 25. Additional fees required
for a Certificate of Status

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

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0506 or 617.0503, F.S.

Signature of
Registered Agent

Kristen Betzger
REGISTERED AGENT MUST SIGN

Kristen Betzger
Vice President

Date 7/29/2010

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
*** See attached list ***			

REINSTATEMENT
08-10
Q8

10. E-mail Address: sandy.anderson-brooks@fmc.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 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. 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 #

FILED

FTM Service Corp.

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DirectorsSECRETARY OF STATE
TALLAHASSEE, FLORIDAM. Benfield Phillips
Charles J. Shea
Stephen WinslowDirector
Director
Director82 Devonshire Street, Boston, MA 02109
82 Devonshire Street, Boston, MA 02109
82 Devonshire Street, Boston, MA 02109OfficersLawrence Moulter
Mark Munoz
Douglas Tate
Catherine Chaulet
Douglas Tate
Timothy J. Barrett
J. Gregory Wass
Patricia R. Hurley
Minnie Joung
Michael PekowskyPresident
Chief Operating Officer
Chief Financial Officer
Vice President
Treasurer
Assistant Treasurer
Assistant Treasurer
Secretary
Assistant Secretary
Assistant Secretary82 Devonshire Street, Boston, MA 02109
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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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RE-SUBMIT*

Please retain original filing
date of submission 7/29

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

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**CORPORATION REINSTATEMENT
FTM SERVICE CORP.**

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