

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **F930000022.72**

1. Corporation Name

Fidelity Insurance Agency Holding Company, 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

5/14/93

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

04-3132324

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	
1	2	3	4
D/P	Rodney R. Rohda	82 Devonshire Street	Boston, MA 02109
VP	Andrea P. Bloch	82 Devonshire Street	Boston, MA 02109
S/CLERK	David J. Pearlman	82 Devonshire Street	Boston, MA 02109
T	Joseph L. Kurtzer Jr.	82 Devonshire Street	Boston, MA 02109
D	Lena G. Goldberg	82 Devonshire Street	Boston, MA 02109
D	Edward C. Johnson 3d	82 Devonshire Street	Boston, MA 02109

8. Name and Address of Current Registered Agent

**The Prentice-Hall Corporation System, Inc.
1201 Hays Street
Tallahassee, Florida 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 Road
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

Lauren Kreutz
Lauren Kreutz
REGISTERED AGENT MUST SIGN

SECRETARY

Date **2/1/99**

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

Yes ☐ No ☐

(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)(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 J. Pearlman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David J. Pearlman, Clerk

1-28-99
Date

(617) 563-8515
Daytime Phone #

REINSTATEMENT **97-99**

29 FEB - 5 PM 3:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E040 (1/98)