

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
STATE
DIVISION OF CORPORATIONS
03 AUG 27 PM 3:10

DOCUMENT # F94000003074

1. Corporation Name

Fidelity Management Trust Company

2. Principal Office Address

82 Devonshire Street

Suite, Apt. #, etc.

Mailzone VSB

City & State

Boston, MA

Zip

02109

Country

USA

3. Mailing Office Address

82 Devonshire Street

Suite, Apt. #, etc.

Mailzone VSB

City & State

Boston, MA

Zip

02109

Country

USA

REINSTATEMENT 00-03

**4. Date Incorporated or Qualified
To Do Business in Florida**

6-13-94

5. FEI Number

04-2723880

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$0.75
for Additional Fee required
for Certificate of Status

7. Name and Address of Current Registered Agent

Name

Corporation Service Company

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

1201 Hays Street

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

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

Brian Courtney
Asst. V. Pres.

Date

8/26/03

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
C, P	Drew E. Lawton	65 Anderson Street, Apt. 3B	Boston, MA 02108
VC	Ed Madden	5 Arlington Street	Boston, MA 02116
EVP	John O'Reilly, Jr.	51 Ledgeways	Wellesley, MA 02181
SVP, T, CFO	John E. Murphy	71 Fearing Drive	Westwood, MA 02090
Clerk	Lisa Menelly	525 Watertown	Newton, MA 02160

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 617.0411, 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

Date

8/26/03

Day/ma Phone #



CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 072100000032

REFERENCE : 220212 4357107

AUTHORIZATION :

Patricia Pizeto

COST LIMIT : \$ 1200.00

ORDER DATE : August 26, 2003

ORDER TIME : 1:14 PM

ORDER NO. : 220212-005

CUSTOMER NO: 4357107

CUSTOMER: Ms. Elpy Markopoulos
Fidelity Management Trust
82 Devonshire Street
H11a
Boston, MA 02109

RECEIVED
03 AUG 27 PM 2:42
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

REINSTATEMENT

NAME: FIDELITY MANAGEMENT TRUST
COMPANY

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Darlene Ward, Ext. 1135

EXAMINER'S INITIALS