

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F94000003977

1. Corporation Name

LOOMIS SAYLES & COMPANY, INCORPORATED

Principal Place of Business

ONE FINANCIAL CENTER
BOSTON MA 02111

Mailing Address

ONE FINANCIAL CENTER
BOSTON MA 02111

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/29/1994

5. FEI Number

04-3200391

Applied For

Not Applicable

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)

| 1 Title(s) | 2 Name of Officers and/or Directors | 3 Street Address of Each Officer and/or Director | 4 City / State / Zip |
|---------------|---|--|--------------------------|
| PD | BLANDING, ROBERT J | P.O. BOX 1789 N/A | SANOMA CA 95476 |
| T | MURRAY, PHILIP R | 453 WARREN STREET | NEEDHAM MA 03192 |
| D | FUSS, DANIEL J | 44 LONGFELLOW ROAD | WELLESLEY MA 02181 |
| D | GREEN, ISAAC | 4125 STODDARD ROAD | WEST BLOOMFIELD MI 48323 |
| D | HOLLAND, MARK W | 55 CARISBROOKE ROAD | WELLESLEY MA 02181 |
| D | JEROME J. MCRAE | 95 E. n. 116 Samuel PALM DRIVE | ACTON, MA 02043 |

8. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD
PLANTATION FL 33324

9. Name and Address of New Registered Agent

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

Suite, Apt. #, Etc.

City

State

Zip Code

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

Robert H. Kretz

ROBERT H. KREATZ,
REGISTERED AGENT MUST SIGN
SPECIAL ASSISTANT SECRETARY

Date 10/25/99

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 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

10/25/99

Date

417-575-6305

Daytime Phone #