

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED
96 NOV -7 PM 12:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F95000004794

1. Corporation Name

LIBERTY FINANCIAL ADVISORS, INC.

Principal Place of Business

600 ATLANTIC AVE.
BOSTON MA 02210-2214

Mailing Address

600 ATLANTIC AVE.
BOSTON MA 02210-2214

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable

C/O Joseph C. Robin

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT 9600

4. Date Incorporated or Qualified
To Do Business in Florida

10/02/1995

5. FEI Number

04-3080249

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
DR P	COOK, LINDAY Roberta A. Oanstein	600 ATLANTIC AVE. "	BOSTON MA 02210 "
DV	MORGAN, PORTER P	600 ATLANTIC AVE.	BOSTON MA 02210
DV	NIXON, RALPH E	600 ATLANTIC AVE.	BOSTON MA 02210
V	CADIGAN, JOHN R	600 ATLANTIC AVE.	BOSTON MA 02210
V	RICE, WILLIAM P	600 ATLANTIC AVE.	BOSTON MA 02210
T	MERRITT, CHARLES A JR.	600 ATLANTIC AVE.	BOSTON MA 02210

8. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number, if applicable)

600000003026--2

Suite, Apt. #, Etc.

-11/13/96-01123-002

City

***375.00 ***375.00

State
FL

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

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 9-30-96

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Porter P. Morgan, Senior Vice President

9/30/96

(617) 722-6000