

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV -7 PM 1:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F97000002718

1. Corporation Name

INVESTORS CAPITAL CORP. OF MASSACHUSETTS

Principal Place of Business

230 BROADWAY, SUITE 200
LYNNFIELD MA 01940

Mailing Address

230 BROADWAY, SUITE 200
LYNNFIELD MA 01940

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

2. New Principal Office Address, If Applicable

799 OVERLOOK DRIVE

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Winter Haven FL

City & State

Zip

33884

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/22/1997

5. FEI Number

04-3161577

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	MURPHY, TIMOTHY B	21 MORELAND RD	QUINCY MA 02169
TD	CHARLES, THEODORE E	65 EASTERN POINT BOULEVARD	GLOUCESTER MA 01930
V	MCCRAINE, SUSAN A.	230 BROADWAY	LYNNFIELD, MA 01940

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11/07/02--01067--015 **758.75

8. Name and Address of Current Registered Agent

INGRAM, DON E
1502 DUNDEE ROAD
WINTER HAVEN FL 33884-1012

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 10/30/02

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

Date

10/31/02

Daytime Phone #

CR2E040 (8/02)