

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1062

**CORPORATION
REINSTATEMENT**



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

FILED

00 JUN -2 PM 12:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F980000000007**

1. Corporation Name

Fleet Investment Advisors, Inc.

2. Principal Office Address

75 State Street

Suite, Apt. #, etc.

City & State

Boston, MA

Zip

02109

Country

USA

3. Mailing Office Address

75 State Street

Suite, Apt. #, etc.

City & State

Boston, MA

Zip

02109

Country

USA

REINSTATEMENT

99-00

4. Date Incorporated or Qualified
To Do Business in Florida

2/2/1998

5. FEI Number

16-1207296

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a 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

32301-2525

800003296848-1

06/20/00-01042-007

******900.00 ****900.00**

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

Vicki Schirker, Asst. V.P.

Date

5/30/00

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
	SEE ATTACHED LIST		

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 617.0401, 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:

James M. Dolan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James M. Dolan

5/19/00

Date

617-346-2325

Daytime Phone #

CR2E081 (9/99)

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Fleet Investment Advisors, Inc.

Officers and Directors

TITLE

NAME

ADDRESS

Chairman, President, CEO

Thomas M. O'Neill

75 State Street, Boston, MA 02109

Executive Vice President

Glenn T. Migliozi

75 State Street, Boston, MA 02109

SVP, Compliance Director

James M. Dolan

75 State Street, Boston, MA 02109

SVP, Chief Operating Officer

Galan G. Daukas

75 State Street, Boston, MA 02109

SVP, Equity Trading

Peter M. van der Velde

75 State Street, Boston, MA 02109

SVP Systems and Operations

John E. Boehmke

75 State Street, Boston, MA 02109

SVP, Equity Research

Thomas C. Stakem

75 State Street, Boston, MA 02109

Secretary

Jean S. Lowenberg

75 State Street, Boston, MA 02109