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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		Jim Smith Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M01000000947

1. Limited Liability Company's Name
Fleet Insurance Services, LLC

2. Principal Office Address 14 Commerce Drive		3. Mailing Office Address 100 Federal Street	
Suite, Apt. #, etc.		Suite, Apt. #, etc. MA DE 10119B	
City & State Cranford, NJ		City & State Boston, MA	
Zip 07016	Country USA	Zip 02110	Country USA

REINSTATEMENT

4. State/Country of Formation New Jersey	
5. Date Organized or Qualified To Do Business in Florida 04/27/2001	
6. FEI Number 52-2235466	Applied For Not Applicable
7. CERTIFICATE OF STATUS DESIRED ☐	

8. Name and Address of Current Registered Agent	
Name C T Corporation System	
Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road	
Suite, Apt. #, Etc.	
City Plantation	State FL
	Zip Code 33324

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent Michael Belzger **VICE PRESIDENT** Date 11/20/03

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Member/Managers			
Titles	Name of Managing Member/Manager	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Fleet National Bank	111 Westminster Street	Providence, RI 02903
	Manager: list attached.		

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.408, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager Terence A. McGinnis Date 11-20-03 Daytime Phone # 617-434-7496

Typed or printed name of signing Managing Member/Manager Fleet National Bank, Sole Member by Terence A. McGinnis, Assistant Secretary

2013

Sole Member & Managers
Of
Fleet Insurance Services, LLC

Sole Member

Fleet National Bank

Address

111 Westminster St., Providence, RI 02903

Managers

Peter Gruenberg
Brian P. Luddy
James O'Connor
Thomas J. Sharky, Jr.
Glenn P. Vatasin

Address

14 Commerce Drive, Cranford, NJ 07016
14 Commerce Drive, Cranford, NJ 07016
14 Commerce Drive, Cranford, NJ 07016
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14 Commerce Drive, Cranford, NJ 07016

2013

Florida Department of State
Division of Corporations
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LIMITED LIABILITY REINSTATEMENT

FLEET INSURANCE SERVICES, LLC

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