FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

2008 AUG 13 PM 5:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N01000007937

1. Corporation Name
Mike Lowell Foundation, Inc.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
53 State Street	53 State Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Suite 2400, c/o Abbott	Suite 2400, c/o S. Abbott
City & State	City & State
Boston, MA	Boston, MA
Zip / Country	Zip / Country
02109-2881 / USA	02109-2881 / USA

CR2E081 (12/07)

4. Date Incorporated or Qualified To Do Business in Florida 11/08/01

5. FEI Number 65-1154182 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☑ $5.00 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

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

Signature of Registered Agent: I. [illegible] Asst. V.P. Date: 8/13/08
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
D/P	Mike Lowell	53 State Street, Suite 2400 c/o S. Abbott	Boston, MA 02109-2881
D/VP/S	Leo Leon	9545 SW 79th Court	Miami, FL 33156
D/T	Garo Friguls	SW 102nd Street	Miami, FL 33156

REINSTATEMENT 06-08

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 contained in Chapter 119, 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.

X SIGNATURE: [signature] 08/12/08 617-570-1787
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6384

From:
Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850)521-1000
Fax Number : (850)558-1575

Heather x2908

CORPORATION REINSTATEMENT

MIKE LOWELL FOUNDATION, INC.

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	$367.50

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