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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. 25 PM 3:51

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P23166

1. Corporation Name

Boston Capital Services, Inc.

REINSTATEMENT

2. Principal Office Address	3. Mailing Office Address
One Boston Place	same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Boston, MA	City & State
Zip: 02108 Country: USA	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: 02/27/1989

5. FEI Number: 04-2802043 ☐ 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 Hayes St

Suite, Apt. #, Etc.

City: Tallahassee State: FL Zip Code: 32301

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: Laura R. Dunlap — REGISTERED AGENT MUST SIGN

Laura R. Dunlap as its agent

Date: 8/25/05

DRZE01 (01/04)

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Presi	Richard J. DeAgazio	One Boston Place	Boston, MA 02108
VP	Frank Chandler	One Boston Place	Boston, MA 02108
Clerk	Marc N. Teal	One Boston Place	Boston, MA 02108
Treasur	Marc N. Teal	One Boston Place	Boston, MA 02108
Directo	Richard J. DeAgazio	One Boston Place	Boston, MA 02108
Direct	John P. Manning	One Boston Place	Boston, MA 02108

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.

624-8900

SIGNATURE: Marc N. Teal Marc N. Teal, Treasurer 8/22/05 (617)

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
Public Access System

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To:
Division of Corporations
Fax Number : (850)205-0384

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

CORPORATION REINSTATEMENT

BOSTON CAPITAL SERVICES, INC.

Certificate of Status	0
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