PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

1996 DEC -2 PM 4:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-12/05/96--01027--026
****375.00 ****375.00

DOCUMENT # P33409

1. Corporation Name

J.A. HANNAH INVESTMENT ADVISORY SERVICE, INC.

Principal Place of Business	Mailing Address
50 FRANKLIN STREET SUITE 4 BOSTON MA 02110 US	50 FRANKLIN STREET SUITE 4 BOSTON MA 02110 US

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

REINSTATEMENT received 12/2/96

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 03/29/1991

5. FEI Number: 04-3023431 ☐ 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 (Do NOT Use Post Office Box Numbers)	City / State / Zip 4
PC	HANNAH, JOHN A.	~~259 SOUTH ST.~~ 12 Greenough Lane	~~MEDFIELD MA~~ Boston, MA 02113
S	RECK, JOEL	ONE FINANCIAL CENTER	BOSTON MA 02111
T	~~FLYNN, SUSAN L~~ Monagle, William J	~~72 KEY ST~~ 23 Willard Road	~~MILLIS MA~~ Reading MA 01867
D	ALPERT, STEPHEN W.	81 DRAPER ROAD	WAYLAND MA
D	LUND, JOHN D.	13 MILLBROOK ROAD	WESTWOOD MA
D	FALLON, JOSEPH F.	124 WELLESLEY ROAD	BELMONT MA 02178

8. Name and Address of Current Registered Agent

HANNAH, CHARLES
11742 ESPRIT DR.
TAMPA FL 33647

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

CR2E040 (7/95)

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.

Signature of Registered Agent [signature] PRESIDENT Date 11/27/96

REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒ (See other side for information on intangible tax.)

12. 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/27/96 Date

617 338-11[illegible] Daytime Phone #

0007560 AF