

L99000007960

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

FILED 2006 JUN -6 PM 2:46 SECRETARY OF STATE TALLAHASSEE, FLORIDA

CR2E041 (8/05)

DOCUMENT # 199000007960

1. Limited Liability Company's Name IMRGLOBAL, LLC

Handwritten initials

2. Principal Office Address: 600 Federal Street, Andover, MD, U.S.A. 01810. 3. Mailing Office Address: 1130 Sherbrooke St. West, 7th Floor, Montreal, Quebec, Canada H3A 2M8.

4. State/Country of Formation: Florida. 5. Date Organized or Qualified To Do Business in Florida: 11/19/1999. 6. FEI Number: Applied For (checked). 7. CERTIFICATE OF STATUS DESIRED: \$5.00 Additional Fee required for a Certificate of Status.

8. Name and Address of Current Registered Agent: CORPORATION SERVICE COMPANY, 1201 Hays Street, Tallahassee, FL 32301-2525.

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: Laura R. Dunlap, Date: 6/6/06.

Table with 4 columns: Titles, Name of Managing Members/Managers, Street Address of Each Managing Member/Manager, City / State / Zip. Includes entries for MGRM (CGI Group Inc.) and MGR (André Imbeau, Stéphane Gauthier, Paul Raymond). Includes REINSTATEMENT 2005-2006 and number 100075892021.

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application... Signature of Managing Member/Manager: André Imbeau, Date: 05/26/2006, Daytime Phone #: (514) 841-3200.



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CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 051786 7294105

AUTHORIZATION

Spokane

COST LIMIT

~~\$200.00~~ \$200.00 *OK*

ORDER DATE : April 24, 2006

ORDER TIME : 1:12 PM

ORDER NO. : 051786-005

CUSTOMER NO: 7294105

2006 JUN -6 PM 2:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

DOMESTIC FILINGS

Bye

NAME: IMRGLOBAL, LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Amanda Haddan - Ext# 2955

06 MAY 24 PM 3:55
DIVISION OF CORPORATION

RECEIVED

EXAMINER'S INITIALS _____

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SECRETARY OF STATE
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