

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # F93000004585

1. Corporation Name

ISI INTEGRATED SOLUTIONS, INC.

Principal Place of Business

Mailing Address

836 North Street, Building #5
Tewksbury, MA 01876

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

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

October 6, 1993

5. FEI Number

04-3191486

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
Direct. Pres. Secy.	Ellery R. Buchanan	9715 Burnet Road, Building 6 Suite 500	Austin, Texas 78758
Treas.	William O. Hayden	836 North St., Bldg. 5	Tewksbury, MA 01876
Direct.	Larry Thompson	717 Fifth Avenue	New York, New York 10022

600002704746--7

8. Name and Address of Current Registered Agent

9. Name and Address of New 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

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

Karen B. Rozar

Date 12/7/1998

REGISTERED AGENT MUST SIGN

Karen B. Rozar, As Agent

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Ellery R. Buchanan

November 3, 1998

Date

978-640-1400

Daytime Phone #

FILED

98 DEC -7 AM 11:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

98

CR2E040 (1/98)



ACCOUNT NO. : 072100000032

REFERENCE : 013178 4304889

AUTHORIZATION :

COST LIMIT : \$ 750.00

Patricia Pappas

ORDER DATE : October 28, 1998

ORDER TIME : 11:02 AM

ORDER NO. : 013178-025

CUSTOMER NO: 4304889

CUSTOMER: Ms. Leslie Martello-loughlin
STROOCK & STROOCK & LAVAN
STROOCK & STROOCK & LAVAN
33rd Floor
100 Federal Street
Boston, MA 02110

DOMESTIC FILING

NAME: INTEGRATED SOLUTIONS, INC.

EFFECTIVE DATE:

XX APPLICATION FOR REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Tamara Odom

****FILE 1ST****

EXAMINER'S INITIALS: _____

RECEIVED
98 DEC -7 PM 12:13
DEPARTMENT OF STATE
BUREAU OF CONSULAR AFFAIRS
WASHINGTON, D.C. 20520-1220