

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F00000003111**

1. Corporation Name

GRANITE SYSTEMS RESEARCH, INC.

Principal Place of Business

Mailing Address

1228 ELM STREET, 5TH FLOOR
MANCHESTER NH 03101

1228 ELM STREET, 5TH FLOOR
MANCHESTER NH 03101

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

05/31/2000

5. FEI Number

02-0465625

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	City / State / Zip 4
PCD	BORDEN, JOHN E.P. JR.	1228 ELM STREET, 5TH FLOOR	MANCHESTER NH 03101
VD	MITCHELL, EDWARD P	1228 ELM STREET, 5TH FLOOR	MANCHESTER NH 03101
ST	LABONTE, BARBARA	1228 ELM STREET, 5TH FLOOR	MANCHESTER NH 03101
D	HUTCHESON, ZENAS	10400 VIKING DRIVE, SUITE 550	EDEN PRAIRIE MN 55344
D	GOODING, DONALD	16 CLARKE POINT ROAD	SOUTHWEST HARBOR ME 04679
600004740516-6 -12/27/01-01016-006 ****150.00 ****150.00			

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

Kristen Betzger
KRISTEN BETZGER
VICE PRESIDENT
REGISTERED AGENT MUST SIGN

Date

11/26/01

11. 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:

Barbara Labonte
Barbara Labonte
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/15/01 603.625.0100

CR2E040 (8/01)

Service Resource
Management



granite systems, inc.

Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

November 14, 2001

Dear Sir or Madam:

On October 15, 2001, the Company received a Certificate of Administrative Dissolution or Revocation letter from the Department of State. While we were very surprised of the event, we have investigated this issue further and determined that the Company never received the Uniform Business Report, nor the First or Second Notices that were sent out by the Department. As such, and in accordance with the instructions mentioned on your answering service, we are submitting to you a completed Application for Reinstatement form along with the \$150 Annual Report Fee.

Should you have any questions on the above matter, please do not hesitate to contact myself at 603-263-6439.

Sincerely,

Joseph G. Santiago, CPA
Corporate Controller

JAGS/ttm

Attachments