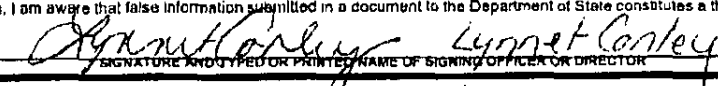


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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT 2015-2016		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F11000004147			
1. Corporation Name			
Radius GGE (USA), Inc.			
2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
Crosby Corporate Center 36 Crosby Drive		Crosby Corporate Center 36 Crosby Drive	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Suite 201		Suite 201	
City & State		City & State	
Bedford, MA		Bedford, MA	
Zip	Country	Zip	Country
01730		01730	
4. Date Incorporated or Qualified To Do Business In Florida 10/14/2011			
5. FEI Number		Applied For	
90-0599705		Not Applicable	
6. CERTIFICATE OF STATUS DESIRED		\$3.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent			
Name CT Corporation System			
Street Address (P.O. Box Number is Not Acceptable) C/O CT Corporation System 1200 South Pine Island Road			
Suite, Apt. #, Etc.			
City		State	Zip Code
Plantation		FL	33324
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		Date	
		03/14/2016	
REGISTERED AGENT MUST SIGN			
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
VP	William Marcinkiewicz	31 St James Avenue, Suite 880	Boston, MA 02116
CFO	Lynnet Conley	31 St James Avenue, Suite 880	Boston, MA 02116
Secretary	Lynnet Conley	31 St James Avenue, Suite 880	Boston, MA 02116
Treasurer	Lynnet Conley	31 St James Avenue, Suite 880	Boston, MA 02116
10. E-mail Address: AP@Radiuswww.com (To be used for future annual report notification)			
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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.			
SIGNATURE:		Date	
		March 11, 2016 978-528 0194	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

K. ASHTON

8/14/2016 10:01:25 AM From: To: 8506176384(1/2)

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6384

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 205-8842
Fax Number : (850) 878-5368

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**CORPORATION REINSTATEMENT
RADIUS GGE (USA), INC.**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$900.00

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