1 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business In Florida
10/14/2011

5. FEI Number
90-0599705 — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED — $8.75 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: Plantation — State: FL — Zip Code: 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: Connie Burga — REGISTERED AGENT MUST SIGN — Date: 03/14/2016

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	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@Radiusww.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: Lynnet Conley — Lynnet Conley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 11, 2016 — Date

978-528 0194 — Daytime Phone #

K. ASHTON

2652

Florida Department of State

Division of Corporations

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CORPORATION REINSTATEMENT

RADIUS GGE (USA), INC.

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