

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

00 OCT 25 PM 4:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F81425

1. Corporation Name

Peek Traffic Systems, Inc.

2. Principal Office Address
3000 Commonwealth Blvd.3. Mailing Office Address
3000 Commonwealth Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Tallahassee, FLCity & State
Tallahassee, FLZip Country
32303 USAZip Country
32303 USA4. Date Incorporated or Qualified
To Do Business in Florida 05/14/19825. FEI Number
060880329Applied For
Not Applicable6. CERTIFICATE OF STATUS DESIRED ☒\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

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

Suite, Apt. #, etc.

City

CT Corporation System 500003447835-9
 1200 S. Pine Island Road 11/01/00-01105-010
 *****750.00 *****750.00
 Plantation 11/01/00-01105-011
 *****150.00 *****150.00
 REINSTATEMENT 99-00 TS
 State Zip Code
 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 AgentEdward C. Wisnalla Asst V.P.
REGISTERED AGENT MUST SIGN

Date 23 Oct. 2000

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
P D	Kenneth Anderson	3000 Commonwealth Blvd.	Tallahassee, FL 32303
D	John Wood	245 Winter Street	Waltham, MA 02454
D	Andrew Clark	45 First Avenue	Waltham, MA 02454
D	Scott Rupprecht	3000 Commonwealth Blvd.	Tallahassee, FL 32303
T	Kenneth Apicerno	81 Wyman Street	Waltham, MA 02454
S	Sandra L. Lambert	81 Wyman Street	Waltham, MA 02454

10. 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

Oct. 23, 2000

Date

Daytime Phone #