

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

APPROVED  
AND  
FILED

97 MAR -5 PM 12: 54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **F94000001534**

1. Corporation Name

**GIS/TRANS, LTD., INCORPORATED**

Principal Place of Business

Mailing Address

675 MASSACHUSETTS AVENUE  
CAMBRIDGE MA 02139

675 MASSACHUSETTS AVENUE  
CAMBRIDGE MA 02139

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

4. Date Incorporated or Qualified  
To Do Business in Florida

03/23/1994

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

04-3091689

Applied For

City & State

City & State

Not Applicable

Zip

Country

Zip

Country

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P	LEWIS, SIMON	122 BERKSHIRE ST., APT. 4-A	CAMBRIDGE MA 02139
VP	BROWN, JOHN N	675 MASSACHUSETTS AVENUE	CAMBRIDGE MA 02139
VP	COOK, PETER	8555 GEORGIA AVE., SUITE 320	SILVER SPRING MD 20910
S	BROWN, HENRY	675 MASSACHUSETTS AVENUE	CAMBRIDGE MA 02139
T	BOUDREAULT, MELISSA	675 MASSACHUSETTS AVE	CAMBRIDGE MA 02139

8. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORP. SYSTEM INC.  
1201 HAYS ST., SUITE 105  
TALLAHASSEE FL 32301

**REINSTATEMENT** 96-97

Name and Address of New Registered Agent

Name *Suzanne J. [Signature]* *A. Alan*  
Street Address (P.O. Box Number is Not Acceptable) *3-5-97*  
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

*Suzanne J. [Signature]* Vice President  
REGISTERED AGENT MUST SIGN

Date *3-4-97*

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. 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 118.07(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:

*Melissa A. Boudreault - Melissa A. Boudreault*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3/4/97*  
Date

*677-354-2771*  
Daytime Phone #