

APPLICATION FOR REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 DEC 11 AM 11:22



REINSTATEMENT

DOCUMENT # F95000000426

1. Corporation Name

RESOURCE INTEGRATION SYSTEMS & COMMUNICATIONS MANAGEMENT, INC.

Principal Place of Business

Mailing Address

300 SECOND AVENUE
WALTHAM MA 02451

300 SECOND AVENUE
WALTHAM MA 02451

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

01/26/1995

5. FEI Number

04-3153370

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
TD	REIBSTEIN, AARON GENAITIS, RICHARD	49 ADDINGTON RD	BROOKLINE MA 02146
P, D	BARRON, MARK	850 N STATE ST, APT 29 B	CHICAGO IL
D, VP	WASTAK, DANIEL C	16104 TURNBURY OAK DR	ODESSA FL
VP	WHYTE, JOHN J CARROLL, John	23 PIER 7 19111 BROOKETT DR	CHARLESTOWN MA 02129 ODESSA FL
C	WISE, RICHARD L	44 EDGEHILL ROAD	BROOKLINE MA 02146
100003510721-7 -12/21/00--01074--006 ***750.00 ***750.00			

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

REIBSTEIN, AARON - BARRON, MARK
14300 CARLSON CIRCLE 5770 ROOSEVELT STE 400
TAMPA FL 33626

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City
State FL Zip Code

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

Date 10-31-2000

REGISTERED AGENT MUST SIGN

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-31-2000 727-530-0444
Date Daytime Phone #