PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F95000003678

1. Corporation Name

InterGen Services, Inc.

CR2E081 (11/10)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
30 Corporate Drive	
Suite, Apt. #, etc.: Suite 400	Suite, Apt. #, etc.:
City & State: Burlington, MA	City & State:
Zip: 01801 Country: USA	Zip: Country:

4. Date Incorporated or Qualified To Do Business in Florida: 10/04/2011

5. FEI Number: 04-3275339 — 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: C T CORPORATION SYSTEM

Street Address (P.O. Box Number is Not Acceptable): 1200 SOUTH PINE ISLAND ROAD

Suite, Apt. #, etc.:

City: Plantation State: FL Zip Code: 33324

REINSTATEMENT 12-14

8. I, being appointed the registered agent of the above named corporation, hereby accept the duties and obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: Tammy Forero — Vice President — REGISTERED AGENT MUST SIGN

Date: 2/11/14

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
Mr.	Neil H. Smith,Director & President	30 Corporate Drive	Burlington, MA 01803
Ms.	Susan E. Gonzalez, VP & General Counsel	30 Corporate Drive	Burlington, MA 01803
Mr.	Marc T. Stewart, VP &CFO	30 Corporate Drive	Burlington, MA 01803
Mr.	Jorge V. Lopez, Ass't Secretary	30 Corporate Drive	Burlington, MA 01803

10. E-mail Address: stuvsl@intergen.com
(To be used for future annual report notification)

11. I certify that I am an officer or director of 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: Jorge V. Lopez, Assistant Secretary — Feb 10, 2014 — (781) 993-3000

SIGNATURE OF APPLICANT, PRESIDENT OR CHAIRMAN OF BOARD OF OFFICER OR DIRECTOR — Date — Daytime Telephone #

FEB 11 2014

M. WILLIAMS

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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Division of Corporations
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CORPORATION REINSTATEMENT
INTERGEN SERVICES, INC.

Certificate of Status	0
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