

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

99 NOV 16 PM 12:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F98000002440

1. Corporation Name

TRANSIT IMAGE, INC.

Principal Place of Business

35 CHIEFS WAY
RANDOLPH MA 02368-4222

Mailing Address

P.O. BOX 1409
RANDOLPH MA 02368-4222

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/29/1998

5. FEI Number

04-2994819

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	KEATING, ROBERT E	65 WINDY HILL ROAD	COHASSET MA 02025
DT	BURKE, WILLIAM H	264 ALLERTON COMMON	BRAINTREE MA 02184
S	BURKE, AUSTIN W	46 MAYFLOWER ROAD	BRAINTREE MA 02184
			800003052268--6 11/23/99-01005-006 *****750.00 *****750.00

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8. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

9. Name and Address of New Registered Agent

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

Robert E. Keating

REGISTERED AGENT SIGN
LAURENCE KREATZ,
SPECIAL ASSISTANT SECRETARY

Date

11/15/99

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:

Robert E. Keating

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert E. Keating, President/Director

Date

10/14/99

Daytime Phone #

781-9862191