PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS						FILED 05 JAN -4 AM 11: 57 SECRETARY OF STATE TALLAHASSEE, FLORIDA						
DOCUMENT # P10613 1. Corporation Name												
	LeMessur	ier Consult	ants Inc.									
2. Principal Office Address 675 Massachusetts Avenue 675 Mas				office Address ssachusetts Avenue			REINSTATEMENT av					_
Suite, Apt. #, etc. Suite, Apt. #,				etc.			4. Date Incorporated or Qualified To Do Business in Florida				1	
City & State)		City & State				June 30,1986					_ []
Cambri	idge, MA		Cambrid	dge, MA			5. FEI Number 04–2872619 Applied For Not Applicable				-	
Zip 02139		Country U.S.A.			Country U.S.A.	-	6. CERTIFICATE	OF STATU	S DESIRED X	8.75 Additiona for a Certifica	l Fee require	0
			7. N	me and	d Address of Current Regi	ister	ed Agent					_
		oration Ser	-	any		•						
		(P.O. Box Number is N Hayes Stre	•				40	000	43917	734		
	Suite, Apt. #, E		ec						<u>.</u>		-	
	O'h-						·	T =: - "I			1	
	City Tall	ahassee						FL.	Zip Code 32301			_ ~
8. I, being Signature o Registered	of C	istered agent of the abo	Harri	<u> </u>	m familiar with and accept the Cynthia L. I as its agreement	Ha	rris	on 607.050 Date	5 or 617.0503, F	.s. 75	••	CR2E081 (01/04)
9. Names	and Street Addres	sses of Each Officer an	t/or Director (Flor	ida non	profit comorations must list	at les	act 3 directors)					ł
Titles	s and Street Addresses of Each Officer and/or Director (Flo Name of Officers and/or Directors			Street Address of Each Officer and/or Director				City / State / Zip				
P	Mysore V. Ravindra		675 Massachusetts Ave		venue Cambridge, MA		. 02	139				
VΡ	Peter J. Cheever			675 Massachusetts Avenue			enue	Camb	ridge, MA	. 02	139	
VP	Richard A. Henige			675 Massachusetts Avenue			enue	Cambi	ridge, MA	. 02	139	
VP	Reginald Roome II			675 Massachusetts Avenue			enue	Camb	ridge, MA	. 02	139	
VP	William D. Lovallo			675 Massachusetts Avenue			enue	Cambi	cidge, MA	02	139	
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 filling 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: Richard A. Henige 12/27/04 (671) 868-1200												
SIGNA		TURE AND TYPED OR PE	INTED NAME OF S	IGNING			-0	Date		aytime Phone #		1

LeMessurier Consultants Inc. 675 Massachusetts Avenue, Cambridge, MA 02139 (617) 868-1200 Fax (617) 661-7520

DIRECTORS/OFFICERS

NAME	TITLE	BUSINESS ADDRESS
Mysore V. Ravindra	President/Director/ Treasurer/Secretary	675 Massachusetts Avenue Cambridge, MA 02139
Peter J. Cheever	Vice President/Director	675 Massachusetts Avenue Cambridge, MA 02139
Richard A. Henige	Vice President/Director	675 Massachusetts Avenue Cambridge, MA 02139
Reginald Roome II	Vice President/Director	675 Massachusetts Avenue Cambridge, MA 02139
William D. Lovallo	Vice President/Director	675 Massachusetts Avenue Cambridge, MA 02139
M. Madonna Taurinskas	Clerk	675 Massachusetts Avenue Cambridge, MA 02139



	ACCOUNT NO.	: 072100000	0032			
	REFERENCE	: 119644	4319666			
	AUTHORIZATION	: Pti	air Pinto			
	COST LIMIT	: \$ 2400.00				
				· ·		-
ORDER DATE :	January 3, 2005					
ORDER TIME :	10:12 AM					
ORDER NO. :	119644-005					
CUSTOMER NO:	4319666					
Ler	. Nina Griffiths messurier Consult 5 Massachusetts A					
Car	mbridge, MA 0213	9				
	REINSTATEME:					
NAME :	DEPALLY CLUSTA IVISION OF LURFORAT TALLAHASSEE, FLOR	05 JAN -4 AM 10: 42	RECEIVED			
XX REINSTAT	rement .		. •	TONS	42	U
PLEASE RETURN	THE FOLLOWING AS	PROOF OF FIL	ING:			
XX PLAIN	FIED COPY STAMPED COPY FICATE OF GOOD ST	ANDING				
CONTACT PERSON	N: Susie Knight EXA	EX 2956 MINER'S INITI	ALS			