

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		00 APR -4 AM 10:59 SECRETARY OF STATE TALLAHASSEE, FLORIDA 900003203859--9 -04/11/00--01038--004 *****908.75 *****908.75	
DOCUMENT # P/6421 1. Corporation Name Inso Florida Corporation				REINSTATEMENT 9-680	
Principal Place of Business 31 St. James Ave. Boston, MA 02116		Mailing Address Same			
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 Address, If Applicable Suite, Apt. #, etc. City & State Zip Country		4. Date Incorporated or Qualified To Do Business in Florida 10/19/87 5. FEI Number 59-2843826 Applied For Not Applicable 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 Directors)					
1	2	3	4	5	6
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City/State/Zip		
P/D	Kirby Mansfield	31 St. James Avenue	Boston, MA 02116		
S/D	Bruce Hill	31 St. James Avenue	Boston, MA 02116		
T	Bob Dudley	31 St. James Avenue	Boston, MA 02116		
D	Jonathan Levitt	31 St. James Avenue	Boston, MA 02116		
8. Name and Address of Current Registered Agent United Corporate Services, Inc. 9200 S. Dadeland Blvd. Suite 508 Miami, FL 33156			9. Name and Address of New Registered Agent Name CT Corporation System Street Address (P.O. Box Number is Not Acceptable) 1200 S. Pine Island Rd. Suite, Apt. #, Etc. City Plantation State FL Zip Code 33324		
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 <u>Cornie Bryan</u> <u>Cornie Bryan, Special Atty. Gen.</u> Date <u>4-4-2000</u> REGISTERED AGENT MUST SIGN					
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (See other side for information on intangible tax.)					
12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3) (k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: <u>[Signature]</u> Director Date <u>3/24/00</u> Daytime Phone # <u>617-753-6500</u> KE SIGNATURE AND TYPED OR PRINTED NAME SIGNING OFFICER OR DIRECTOR					