

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

AND FILED

98 DEC 31 PM 1:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**REINSTATEMENT** 9698

900002730659--7  
-01/05/99--01068--019

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P33324  
1. Corporation Name  
INTER SOLV, INC.

Principal Place of Business Mailing Address  
9420 Key West Av.  
Rockville, MD 20850-3334

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

4. Date Incorporated or To Do Business in Florida  
03/26/91  
5. FEI Number  
52-0990382  
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)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
C/P/D	Gary Greenfield	C/O INTER SOLV, INC 9420 Key West Av.	Rockville, MD 20850
V/D	Kenneth A. Sexton	C/O INTER SOLV, INC 9420 Key West Av.	Rockville, MD 20850
T/D	Michael Wright	C/O INTER SOLV, INC 9420 Key West Av.	Rockville, MD 20850
S/D	Fritz Koehler	701 E. Middlefield Rd. C/O INTER SOLV, INC.	Mountain View, CA 94043
V/D	Panos Anastassiadis	C/O INTER SOLV, INC 9420 Key West Av.	Rockville, MD 20850
V/D	Gary Wright	C/O INTER SOLV, INC 9420 Key West Av.	Rockville, MD 20850

8. Name and Address of Current Registered Agent  
CT Corporation System  
1200 South Pine Island Rd  
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: Alex Hamilton, Asst Secy  
Date: 12/31/98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes  No

12. 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)(f), 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]  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date: 12/31/98  
Daytime Phone #: (301) 838-5322

CORP (1) (04/98)