

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

AND
FILED

98 DEC 31 PM 1:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 9698

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-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)