


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>APPLICATION FOR REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		<div style="font-size: 2em; font-weight: bold; margin-bottom: 10px;">FILED</div> <div style="font-size: 1.2em; font-weight: bold; margin-bottom: 10px;">98 NOV 10 PM 2:42</div> <div style="font-size: 0.8em; font-weight: bold;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div>			
<b>DOCUMENT #</b> 1. Corporation Name <u>IEIS, Inc</u> <u>P40075</u>		<b>REINSTATEMENT</b>					
Principal Place of Business <u>427 TURNPIKE ST</u> <u>CANTON, MA 02021</u>						Mailing Address <u>same</u>	
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 <u>8/17/92</u> 5. FEI Number <u>04-2654231</u> 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>			
DO NOT WRITE IN THIS SPACE							
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 Directors)							
1	2	3	4				
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				
<u>P/T</u>	<u>John Waldstein</u>	<u>97 Meadowbrook Rd</u>	<u>Needham Ma</u>				
<u>S</u>	<u>Peter Myerson</u>	<u>One State Street</u>	<u>Boston, MA</u>				
<u>D</u>	<u>John Waldstein</u>	<u>97 Meadowbrook Rd</u>	<u>Needham Ma</u>				
<u>D</u>	<u>Heath Paley</u>	<u>34 Titcomb Lane</u>	<u>Andover, ME</u>				
<u>D</u>	<u>Diane Balcom</u>	<u>905 Sharpshill Rd</u>	<u>Pittsburgh Pa</u>				
400002686324--7 -11/12/98--01099--012							
8. Name and Address of Current Registered Agent			9. Name and Address of New Registered Agent				
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>Connie Bryan</u>		Signature of Officer or Director <u>CONNIE BRYAN</u> SPECIAL ASSISTANT SECRETARY Date <u>11-10-98</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 checked="" type="checkbox"/> No <input 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>John Waldstein</u>		Date <u>Oct. 26, 1998</u> (781) 821-5566					