

APPROVED
AND
FILED

112

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

05 JUN 13 AM 11:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P40259

1. Corporation Name

CGI INFORMATION SYSTEMS AND MANAGEMENT CONSULTANTS
PRIVATE LIMITED

2. Principal Office Address
1201 Hays Street

3. Mailing Office Address
600 Federal Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Tallahassee, Florida

City & State
Andover, MA

Zip
32301

Country
USA

Zip
01810

Country
USA

**4. Date Incorporated or Qualified
To Do Business in Florida** August 25, 1992

5. FEI Number
581992431

Applied For
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 04-05¹⁰

300056109743

7. Name and Address of Current Registered Agent

Name
Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable)
1201 Hays Street

Suite, Apt. #, Etc.

City
Tallahassee

State
FL

Zip Code
32301

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

**Signature of
Registered Agent**

Karen M. Dyer

Karen M. Dyer, Asst. Sec.

Date 6/10/05

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
	See RIDER		

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 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)(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:

PAULE DORÉ, Director June 1, 2005

514-841-3200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2001 (01/04)

CGI INFORMATION SYSTEMS AND MANAGEMENT CONSULTANTS PRIVATE LIMITED

RIDER

9. Names and Street Addresses of Each Officer and/or /Director

Titles	Names of Officers and/or Directors	Street Address of Each Officer and /or Director	City / state/ Zip
D	André Imbeau	1130 Sherbrooke St. West, 5 th Floor	Montreal, Quebec, Canada H3A 2M8
D	Paule Doré	1130 Sherbrooke St. West, 5 th Floor	Montreal, Quebec, Canada H3A 2M8
D	Joseph Saliba	1130 Sherbrooke St. West, 5 th Floor	Montreal, Quebec, Canada H3A 2M8
D	Michael E. Roach	1130 Sherbrooke St. West, 5 th Floor	Montreal, Quebec, Canada H3A 2M8
V	Girish Gurumukhdas Bhatia	38/1 Naganathapura	Electronic City Post, Bangalore, India 560 100
S	R. Sundaresan	38/1 Naganathapura	Electronic City Post, Bangalore, India 560 100
M	Pradipta Banerjee	38/1 Naganathapura	Electronic City Post, Bangalore, India 560 100



CORPORATION SERVICE COMPANY

3/3

ACCOUNT NO. : 072100000032

REFERENCE : 421162 7294105

AUTHORIZATION :

Patricia Pizot

COST LIMIT : \$ 900.00

ORDER DATE : June 10, 2005

ORDER TIME : 9:47 AM

ORDER NO. : 421162-005

CUSTOMER NO: 7294105

CUSTOMER: Ms. Monique Handfield
McCarthy Tetrault LLP
1170, Rue Peel

Montreal, QC H3B 4S8

REINSTATEMENT

NAME: CGI INFORMATION SYSTEMS AND
MANAGEMENT CONSULTANTS PRIVATE
LIMITED

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Haddan

EXAMINER'S INITIALS

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JUN 13 2005
10:44 AM
FLORENCE, FLORIDA

05 JUN 13 AM 10:44

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