PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
02 DEC -4 PM 4:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 02

DOCUMENT # F00000001150

1. Corporation Name

NMS COMMUNICATIONS CORPORATION

Principal Place of Business	Mailing Address
100 CROSSING BLVD. FRAMINGHAM MA 01702	100 CROSSING BLVD. FRAMINGHAM MA 01702

700009344827
12/04/02--01003--030 **750.00

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida: 03/02/2000

5. FEI Number: 04-2814586 ☐ Applied For ☐ Not Applicable

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	4 City / State / Zip
PCEO	SCHECHTER, ROBERT P	100 CROSSING BLVD.	FRAMINGHAM MA 01702
VS	CALLAN, DIANNE L	100 CROSSING BLVD.	FRAMINGHAM MA 01702
VT	HULT, ROBERT E	100 CROSSING BLVD.	FRAMINGHAM MA 01702
AS	HOEHN, RICHARD H	53 EXCHANGE PLACE/53 STATE STREE	BOSTON MA 02109
D	~~HUTCHESON, ZENAS W III~~ King, W. Frank	~~10400 VIKING DRIVE, SUITE 550~~ 122 Governor Prence Road	~~EDEN PRAIRIE MN 55344~~ Brewster MA 02631
D	WHITE, RONALD W	210 BROADWAY, SUITE 101	LYNNFIELD MA 01940

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
LEXISNEXIS DOCUMENT SOLUTIONS INC. 3953 W.W. KELLEY ROAD TALLAHASSEE FL 32311	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City / State: FL / Zip Code

CR2E040 (8/02)

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. or 617.0505, F.S.

Signature of Registered Agent: X Karen Stephenson Asst-Secy — Date: 11/26/02
REGISTERED AGENT MUST SIGN

11. 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: X SIGNATURE REQUIRED — 11/21/02 — 508-271-1245
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #