

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2006 AUG 30 PM 12:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F0100000 5256

1. Corporation Name  
Novations Performance Solutions, Inc

2. Principal Office Address  
10 Guest St.

3. Mailing Office Address  
10 Guest Street

Suite, Apt. #, etc.  
Suite 300

Suite, Apt. #, etc.  
Suite 300

City & State  
Boston MA

City & State  
Boston MA

Zip Country  
02135 USA

Zip Country  
02135 USA

4. Date Incorporated or Qualified To Do Business in Florida  
10-8-2001

5. FEI Number  
04-3445017

Applied For  
Not Applicable

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

CR2E081 (12/05)

**7. Name and Address of Current Registered Agent**

Name  
CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)  
1200 South Pine Island Road % CT Corporation System

Suite, Apt. #, Etc.

City  
Plantation

State  
FL

Zip Code  
33324

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  
700079509037  
09/06/06 01019--011 \*\*450.00

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     |
|-----------|-----------------------------------|--|------------------------|
| President | <u>TADA O TSUKI</u>               | <u>10 Guest Street</u>                         | <u>Boston MA 02135</u> |
| Treasurer | <u>Hiroyuki Kanoo</u>             | <u>10 Guest Street</u>                         | <u>Boston MA 02135</u> |
| Secretary | <u>Deborah J. Lang</u>            | <u>10 Guest Street</u>                         | <u>Boston MA 02135</u> |
|           |                                   |  |                        |
|           |                                   |  |                        |

04-04 B 8/31/06

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 contained in Chapter 119, 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: Deborah J. Lang / DEBORAH J. LANG 8/16/06 617-254-7600  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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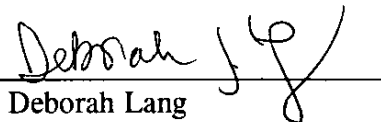
**Novations Group, Inc.**

**SECRETARY'S CERTIFICATE**

I, Deborah Lang, Secretary of Novations Group, Inc., a Delaware corporation (the "Company"), do hereby certify on behalf of the Company that:

The Company has never received annual report forms from the State of Florida.

IN WITNESS WHEREOF, the undersigned has executed this Certificate as of this ninth day of August 2006.

  
\_\_\_\_\_  
Deborah Lang  
Secretary

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