


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

01 NOV 14 PM 4:48

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **F99000005372**

1. Corporation Name
CONVERGENT NETWORKS, INC.

| | | | |
|--|-----------------------|--|-----------------------|
| 2. Principal Office Address 900 Chelmsford St. | | 3. Mailing Office Address 900 Chelmsford St. | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State Lowell, MA | | City & State Lowell, MA | |
| Zip 01851 | Country USA | Zip 01851 | Country USA |

REINSTATEMENT 00-01

4. Date Incorporated or Qualified To Do Business in Florida
10/19/99

5. FEI Number
04-3420240

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

7. Name and Address of Current Registered Agent

Name
CT Corporation

Street Address (P.O. Box Number is Not Acceptable)
1200 South Plantation Road

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.

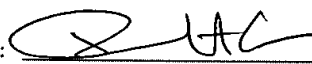
Signature of Registered Agent
Connie Bryan
CONNIE BRYAN
 SPECIAL ASSISTANT SECRETARY
 REGISTERED AGENT MUST SIGN

Date
11/14/2001

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 |
|--------|-----------------------------------|--|--------------------|
| P,D | John C. Thibault | 900 Chelmsford Street | Lowell, MA 01851 |
| T,V | Paul Silva | 900 Chelmsford Street | Lowell, MA 01851 |
| S | Robert Chow | 900 Chelmsford Street | Lowell, MA 01851 |
| D | Bing Yang | 900 Chelmsford Street | Lowell, MA 01851 |
| D | Todd Dagres | 900 Chelmsford Street | Lowell, MA 01851 |
| D | David Schantz | 900 Chelmsford Street | Lowell, MA 01851 |

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:  - **Robert Chow, Secretary** 11/9/01 (979)323-3399

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR23261 (8/00)