PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM:

COF	RPORATION	3		TMÊNT OF STA	ΛΤΕ		F	ILED	
REIN	STATEMENT	1	•	of State ORPORATIONS			O9 JAN	28. PH 2: 15	_
DOCUMENT # F000004567 1. Corporation Name						SECRETARY OF STATE TALLAHASSEE, FLORIDA			
Translations.com, Inc.						08/02/04 01041 007 4900 500142298485 01/28/09-01029-002 **141.25			
2. Principa	al Office Address - No P.O. Box #	Office Address			01/28	/0901029	002 **141.25		
3 Park Avenue 3 Par			rk Avenue, 39th Floor			CR2E081 (12/08)			
Suite, Apt. #, etc. Suite, Apt.			#, etc.						_
39th Floor 39th Flo			or .			4. Date Incorp	orated or Qualified ness in Florida	08/14/2006	
City & State City & State									
New Yo	ork, NY	New York,	New York, NY			5. FEI Number Applied For Not Applicable			
Zip 10016	Country	Zip 10016		Country		6. CERTIFICATE	OF STATUS DESIRE	SR 75 Additional Fee regu	uired
7. Name and Address of Current Registered Agent									
Name						☑ The reinstatement fee is imposed, except in			
CT Corporation						circumstances which the entity did not receive			
Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Drive						the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.			
Suite, Apt. #, Etc.									
City Plantation				State Zip Code 10016			•		
8. I, being	appointed the registered agent of the ab	ove named corpora	ation, am fa	amiliar with and action	t the ob	ligations of section	on 607.0505 or 617.	.0503, F.S.	
8. I, being appointed the registered agent of the above named corporation, am familiar with and a CDT to obligations of section 607.0505 or 617.0503, F.S. Signature of Registered Agent REGISTERED AGENT MUST SIGN Date								_	
9. Names	and Street Addresses of Each Officer a	nd/or Director (Flori	ida nonprof	fit corporations must I	ist at lea	est 3 directors)		·	\exists
Titles	Name of Officers and/or Director	s	Street Address of Each Officer and/or Director			City / State / Zip			
CEO	Philip Shawe		3 Park Avenue, 39th Floor			New York, NY 10016			
VP	Elizabeth Elting		3 Park Avenue, 39th Floor			New York, NY 10016			
c00	Roy Trujillo		3 Park Avenue, 39th Floor			New York, NY 10016			
CFO	Steve Tondera		3 Park Avenue, 39th Floor				New York, NY 10016		
				REI	NS	STAT	EMEN	VTO 3-09	
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.									
		1				j	12409	717-689.5	31
SIGNA		RINTED NAME OF SI	GNING OFF	ICER OR DIRECTOR			Date	7 1 Z - 689 - 5	

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January 13, 2009

Florida Dept. of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Dear Florida Department of State,

Enclosed you will find Translation.com's application for reinstatement along with a check for \$141.25. This fee was calculated upon the rate of the annual report fee of \$150.00 multiplied by the 7 years since dissolution. This total is \$1050.00. However, I spoke with a representative within the Division of Corporations and she informed me that Translations.com has a credit in the amount of \$908.75 on hand. Applying this credit to the total due equals \$141.25. In addition, I have indicated that we did not receive prior notices and have checked the appropriate box for a waiver of this fee. If you have any questions, please do not hesitate to contract me.

Kindest, Regards,

Ali Zeren