SEP-17-2004 10:03 CT CORPORATION

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 SEP 15 PM 2:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F04000002101

1. Corporation Name
LOCHARD CORPORATION

2. Principal Office Address	3. Mailing Office Address
39 PLEASANT ST.	39 PLEASANT ST.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: STONEHAM, MA	City & State: STONEHAM, MA
Zip: 02180 Country: USA	Zip: 02180 Country: USA

REINSTATEMENT 03-04

4. Date Incorporated or Qualified To Do Business in Florida: 4/14/00

5. FEI Number: 68-0246301 — Applied For — Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☑ $5.75 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 PINE ISLAND 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: Lauren Kreatz LAUREN H. KREATZ. REGISTERED AGENT SPECIAL ASSISTANT SECRETARY Date: 9/15/04

CREN01 (p.rtf)

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	MICHAEL LIKALO-BELL	39 PLEASANT STREET	STONEHAM, MA 02180
VP	ROBERT BRODECKY	39 PLEASANT STREET	STONEHAM, MA 02180
DIRECTOR	MARTIN ADAMS	39 PLEASANT STREET	STONEHAM, MA 02180

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: [signature] ROBERT BRODECKY 9/14/04 781 438 5515
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

TOTAL P.02

Florida Department of State
Division of Corporations
Public Access System

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CORPORATION REINSTATEMENT

LOCHARD CORPORATION

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Please backdate to Wed 9/15/04 per original request Thanks!

9/15/04