To: +1 (850) 205-0384
Subject:

From: Patricia Tadlock

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 AUG 31 PM 4:33

PLEASE READ ALL INSTRUCTIONS BEFORE

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E081 (12/05)

DOCUMENT # F00000002420

1. Corporation Name

ANS Group, Inc.

2. Principal Office Address	3. Mailing Office Address
125 Jeffrey Avenue	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Holliston, Ma.	City & State
Zip: 01746 Country: USA	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: 5/2/00

5. FEI Number: 22-3728765 ☐ 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: Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable): 1201 Hays Street

Suite, Apt. #, Etc.:

City: Tallahassee State: FL Zip Code: 32301

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: Sarah K. Drake as its agent Date: 8/30/06
REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
	See Attached Listing		
		REINSTATEMENT	01-06

10. I certify that I am an officer or director of the receiver of 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: John D Reese H06000218195 3
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
8-30-06 Date
386-428-9700 Daytime Phone #

CC Williams AUG 31 2006

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Paradigm Technology Partners, Inc.
Board of Directors and Officers

Directors:	Address	Title	Expiration of Term
P/D Edward Nalbandian	401 Merritt 7 Norwalk, CT 06851	Director	Until Successors Are Duly Qualified and Elected
D Mark Morrissette	2 City Center 5th Floor Portland, ME 04101	Director	
D Charles Billerbech	One Mellon Center Suite 5210 Pittsburgh, PA 15258	Director	
D Joshua Mack	100 Bayview Circle Newport Beach, CA 92660	Director	
D Robert MacDonald	10990 Wilshire Blvd. Suite 500 Los Angeles, CA 90024	Director	
D Robert Willis	125 Jeffrey Avenue Holliston, MA 01746	Director	

Officers

P/D Edward Nalbandian	401 Merritt 7 Norwalk, CT 06851	CEO
T Michael Funk	401 Merritt 7 Norwalk, CT 06851	Treasurer & Secretary
AT John Rorke	125 Jeffrey Avenue Holliston, MA 01746	Assistant Treasurer

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Florida Department of State

Division of Corporations
Public Access System

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To:
Division of Corporations
Fax Number : (850)205-0384

From:
Account Name : CORPDIRECT AGENTS, INC.
Account Number : 110450000714
Phone : (850)222-1173
Fax Number : (850)224-1640

0438.56698

CORPORATION REINSTATEMENT

ANS GROUP, INC.

Certificate of Status	0
Certified Copy	0
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Estimated Charge	$1,500.00

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