


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F00000003140

1. Corporation Name

INNOVEDA, INC.

Principal Place of Business

293 BOSTON POST ROAD WEST
MARLBORO MA 01752

Mailing Address

293 BOSTON POST ROAD WEST
MARLBORO MA 01752

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/02/2000

5. FEI Number

93-1137888

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PCD	HERMAN, WILLIAM J	293 BOSTON POST ROAD WEST	MARLBORO MA 01752
VS	JOHNSON, PETER T	293 BOSTON POST ROAD WEST	MARLBORO MA 01752
VT	O'BRIEN, KEVIN	293 BOSTON POST ROAD WEST	MARLBORO MA 01752
V	LUCIER, RICHARD	293 BOSTON POST ROAD WEST	MARLBORO MA 01752
V	CASSIDY, PAULA	293 BOSTON POST ROAD WEST	MARLBORO MA 01752
V	KIASKI, GARY	293 BOSTON POST ROAD WEST	MARLBORO MA 01752

8. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

PETER F. SOUZA
ASSISTANT SECRETARY

REGISTERED AGENT MUST SIGN

Date

11. 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.

Kevin O'Brien

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/19/01

Date

508-303-5253

Daytime Phone #

Innoveda, Inc.
Finance Department
293 Boston Post Road West
Marlboro, MA 01752

October 19, 2001

Florida Department of State
Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

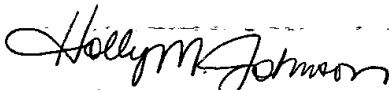
To Whom It May Concern:

In the month of October 2001, Innoveda, Inc. (FEI # 93-1137888) received a "Notice of Administrative Dissolution or Revocation" from the Florida Department of State. As this is the first notice the company has received in the current year regarding the filing of the 2001 corporation annual report/uniform business report form as required by the state of Florida, Innoveda, Inc. is requesting that the \$750 late filing fees be waived.

Please find enclosed a check in the amount of \$150 for the corporation's reinstatement in the State of Florida.

If you have any questions, please contact me at (508) 303- 5312.

Sincerely,



Holly M. Johnson
Financial Analyst