PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. OF STATE LICATION FILED
FILED
FISHON OF CORPORATIONS F00000004109 **DOCUMENT #** 01 DEC 14 AM 11:13 1. Corporation Name SYNCLINE.COM, INC. Principal Place of Business Mailing Address 727 MASSACHUSETTS AVE PO BOX 990002 CAMBRIDGE MA 02109 CAMBRIDGE MA 02135 If above addresses are incorrect in any way, line through incorrect information and enter correction below 2. New Principal Office Address, If Applicable 373 Washington St 3. New Mailing Office Address, If Applicable Date Incorporated or Qualified
 To Do Business in Florida 07/17/2000 Suite, Apt, #, etc. 5. FEI Number Applied For 56-2041704 City & State Not Applicable 3d.75 Additional Fee require Country CERTIFICATE OF STATUS DESIRED 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers Street Address of Each Officer and/or Director City / State / Zip Title(s) and/or Directors GOSTON MA 02108 PCD GENTILE, MATTHEW 727 MASS AVENUE 373 Washington St 727 MASS AVENUE VSD SINGH, RAJ CAMBRIDGE MA Boston MA OZIO8 373 Washington TD PINNA, WILLIAM 2601 OBERLIN RD, STE 100 RALEIGH NC 27622 02420 D TAMBOR, WADE 11 ADAMS ST., STE 2 **LEXINGTON MA** 1120 Boston Post Rd 06820 Danèn, CT inebenger, James D 137 Newbury St Baston MA Houghton, Junes 375 Park ATP Suite 2085 New York Ny
11 9. Name and Address of New Registered Agent 8. Name and Address of Current Registered Ages COLECCHIO, GARY S 7205 DEER POINT LANE W. PALM BEACH FL 33411 CHY Bonita Springs 10. I, being appointed the registered named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. 100004739501--12/26/01--01077--029 0at*****2158075**T****158.75 Signature of Registered Agent REQUIRED REGISTERED AGENT MUST SIGN 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 same legal effect as if made under oath. **SIGNATURE:** appenner

a ducita)



373 washington street fifth floor boston ma 02108

October 15, 2001

Florida Department of State Secretary of State Division of Corporations Annual Report/Reinstatement Section PO Box 6327 Tallahassee, FL 32314-6327

telephone 617.986.1000 fax 617.986.1001

Dear Sir or Madam:

Please find enclosed our Application for Reinstatement and our check for filing. I am asking for a waiver of fees for reinstatement due to the non-receipt of the previous uniform business report. We never received the uniform business report, which may be due to the address listed inside the form. The outside of the mailing was sent to our correct address, but document #F00000004109 had our former address.

www.syncline.com

If you need further information, please call me at 617-986-1000, x201.

Sincerely,

Darlene Farrell Syncline, Inc.

Owleng Timel