

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

OCT 30 AM 10:43

DOCUMENT # F00000004219

1. Corporation Name

FUJITSU CONSULTING (EUROPE) HOLDINGS, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Office Address

333 Thornall Street

Suite, Apt. #, etc.

City & State

Edison, NJ

Zip

08837

Country

USA

3. Mailing Office Address

333 Thornall Street

Suite, Apt. #, etc.

City & State

Edison, NJ

Zip

08837

Country

USA

REINSTATEMENT

02

4. Date Incorporated or Qualified
To Do Business in Florida

07/26/2000

5. FEI Number

77-0537856

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name

Corporation Service Company

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

S 1201 Hays Street

City

Tallahassee

State

FL

Zip Code

32301

100008806161

11/05/02--01055--008 **750.0

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

Tebatha Miller Asst VP

REGISTERED AGENT MUST SIGN

Date 10/28/02

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
P	Michael J. Poehner	333 Thornall Street	Edison, NJ 08837
CFO	Ron Charow	333 Thornall Street	Edison, NJ 08837
EVP	Ron McCulloch	333 Thornall Street	Edison, NJ 08837
S	Daniel C. Braun	333 Thornall Street	Edison, NJ 08837
AS	Natalie Ruiz	333 Thornall Street	Edison, NJ 08837

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Natalie Ruiz, Asst. Secretary

Date

Daytime Phone #

10/23/02
732-744-8057