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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 SEP 10 PM 4:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F01000001267

1. Corporation Name
nCipher, Inc.

| 2. Principal Office Address | 3. Mailing Office Address |
|---|---|
| 500 Unicorn Park Drive | 500 Unicorn Park Drive |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| Suite 102 | Suite 102 |
| City & State | City & State |
| Woburn, MA | Woburn, MA |
| Zip / Country | Zip / Country |
| 01801 / USA | 01801 / USA |

**REINSTATEMENT** 02-04 MRS

4. Date Incorporated or Qualified To Do Business in Florida: 3/6/2001

5. FEI Number: 54-1864317 — Applied For ☐ / Not Applicable ☒

6. CERTIFICATE OF STATUS DESIRED ☐ — $5.00 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: CT Corporation System
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: [signature] TAMMY TOFTEROO ASSISTANT SECRETARY Date: Sept. 10 2005

(REGISTERED AGENT MUST SIGN)

CR2E061 (01/04)

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 | Ian K. Smith | Jupiter House, Station Road | Cambridge, CB1 2JD, United Kingdom |
| Treasurer | Ian K. Smith | Jupiter House, Station Road | Cambridge, CB1 2JD, United Kingdom |
| Director | Ian K. Smith | Jupiter House, Station Road | Cambridge, CB1 2JD, United Kingdom |
| Director | Richard Moulds | 500 Unicorn Park Drive, Suite 102 | Woburn, MA 01801 |
| Secretary | Arthur Lafionatis | Bethesda Metro Center, Suite 460 | Bethesda, MD 20814 |
| Asst Secty | Barbara DeRocher | 500 Unicorn Park Drive, Suite 102 | Woburn, MA 01801 |

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] 9/9/04 781-994-4020

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

FL010 - SunGard C T Systems Online

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# Florida Department of State
## Division of Corporations
### Public Access System

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# CORPORATION REINSTATEMENT

## NCIPHER INC.

| | |
|---|---|
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