

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2007 AUG 16 AM 1:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **FO1000002354**

1. Corporation Name

Khameleon Software Inc.

W07000008277

Reinstatement 03-07

2. Principal Office Address - No P.O. Box #
400 N. Ashley Dr.

3. Mailing Office Address
same

Suite, Apt. #, etc.

Suite 2600

Suite, Apt. #, etc.

City & State

Tampa, FL

City & State

Zip

33602

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

2002

5. FEI Number

04-3543683

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Verticent Inc.- Terrence McCarthy

Street Address (P.O. Box Number is Not Acceptable)
400 N. Ashley Dr.

Suite, Apt. #, etc.

Suite 2600

City

Tampa

State

FL

Zip Code

33602

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Terrence C. McCarthy

Date

7/24/07

REGISTERED AGENT MUST SIGN

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	Alfred. Angelone	10 Speen St	Framingham, MA 01701
T	Terrence C. McCarthy	10 Speen Street	Framingham, MA 01701
			3010108715329 08/28/07--01083--026 **\$900.00

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 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:

Terrence C. McCarthy

Terrence C. McCarthy

Date

7/24/07 626-2127

Daytime Phone #

(508)

8/21/07