

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2006 AUG 30 PM 12:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F0100000 5256

1. Corporation Name

Novations Performance Solutions, Inc

2. Principal Office Address

10 Guest St.

Suite, Apt. #, etc.

Suite 300

City & State

Boston MA

Zip

02135

Country

USA

3. Mailing Office Address

10 Guest Street

Suite, Apt. #, etc.

Suite 300

City & State

Boston MA

Zip

02135

Country

USA

CR2E081 (12/05)

**4. Date Incorporated or Qualified
To Do Business in Florida**

10-8-2001

5. FEI Number

04-3445017

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

CT Corporation System

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

1200 South Pine Island Road c/o CT Corporation System

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

700079509037

09/06/06 01019--011 **450.00

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
President	TADA OITSUKI	10 Guest Street	Boston MA 02135
Treasurer	Hiroyuki Konoo	10 Guest Street	Boston MA 02135
Secretary	Deborah J. Lang	10 Guest Street	Boston MA 02135

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:

Deborah J. Lang / DEBORAH J. LANG

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/16/06

Date

617-254-7600

Daytime Phone #

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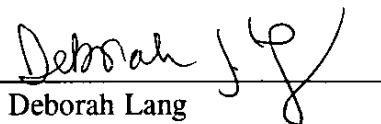
Novations Group, Inc.

SECRETARY'S CERTIFICATE

I, Deborah Lang, Secretary of Novations Group, Inc., a Delaware corporation (the "Company"), do hereby certify on behalf of the Company that:

The Company has never received annual report forms from the State of Florida.

IN WITNESS WHEREOF, the undersigned has executed this Certificate as of this ninth day of August 2006.


Deborah Lang
Secretary

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