

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 FEB -2 PM 2:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F01000005466

1. Corporation Name

Manpower Software, Inc.

2. Principal Office Address

2087 NW 8th Avenue

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip

33172

Country

USA

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

Zip

Country

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

October 19, 2001

5. FEI Number

04-3427851

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

Corporation Service Company

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

1201 Hays Street

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

REINSTATEMENT 0204

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

Deborah D. Skipper

Deborah D. Skipper
Asst. V. Pres.

Date

2/2/04

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,D	Philip Morgan, President and Director	2087 NW 8th Avenue	Miami, Florida 33172
T,S,D	Simon Thorne, Treasurer, Secretary and Director	48 Leicester Square	London WCV2H 7DB, U.K.
CEO	Robert Drummond, CEO	48 Leicester Square	London WCV2H 7DB, U.K.
D	Matthew Paul Scandrett, Director	48 Leicester Square	London WCV2H 7DB, U.K.

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:

Simon Thorne, Treasurer

12/ /03

011 44 20 738 9950

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)



CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 072100000032

REFERENCE : 404399 4341789

AUTHORIZATION :

Patricia Pizutto

COST LIMIT : \$ 1050.00

ORDER DATE : January 21, 2004

ORDER TIME : 9:43 AM

ORDER NO. : 404399-005

CUSTOMER NO: 4341789

CUSTOMER: Ms. Leslie J. Martello
Lucash Gesmer & Updegrove
3rd Floor
40 Broad Street
Boston, MA 02109

REINSTATEMENT

NAME: MANPOWER SOFTWARE, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight EX 2956
EXAMINER'S INITIALS _____

RECEIVED
04 FEB -2 PM 12:43
DEPT. OF REVENUE, STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA