PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2007 NOV 19 PM 2:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E081 (10/07)

DOCUMENT # F04000002633

1. Corporation Name

Thomson Broadcast and Multimedia, Inc.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
104 Feeding Hills Rd	104 Feeding Hills Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Southwick, MA	City & State: Southwick, MA
Zip: 01077-9349 Country: USA	Zip: 01077-9349 Country: USA

4. Date Incorporated or Qualified To Do Business In Florida: 05/06/2004

5. FEI Number: 042660883 ☐ 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

Suite, Apt. #, Etc.

City: Plantation State: FL Zip Code: 33324

☐ 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: Connie Burgess Date: 10/30/2007

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
Treasurer	Jeff Brooks	104 Feeding Hills Rd	Southwick MA 01077
Secretary	Eve Dery Mendoza	104 Feeding Hills Rd	Southwick MA 01077

REINSTATEMENT

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: Eve Mendoza 10/18/07 (818)729-7718
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Florida Department of State
Division of Corporations
Public Access System

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To:
Division of Corporations
Fax Number : (850)617-6384

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5926

Please retain original filing date of submission 10/30

CORPORATION REINSTATEMENT

THALES BROADCAST & MULTIMEDIA, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02 3
Estimated Charge	$900.00

File 2nd after Amendment H07000267967

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