

Florida Department of State
Division of Corporations
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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) 878-5368

CORPORATION REINSTATEMENT

TEXTHELP SYSTEMS INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$750.00

*Please waive
penalty fee*
\$150.00

Electronic Filing Menu

Corporate Filing Menu

Help

RH

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

 **FLORIDA DEPARTMENT OF STATE**
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **FO8000005403**

1. Corporation Name

Texthelp Systems Inc.

2. Principal Office Address - No P.O. Box #
100 Unicorn Park Drive

3. Mailing Office Address
100 Unicorn Park Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Woburn, MA

City & State
Woburn, MA

Zip
01801

Country
USA

Zip
01801

Country
USA

CR2E081 (12/08)

4. Date incorporated or Qualified To Do Business in Florida December 24, 2008

5. FEI Number
061622277

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$975 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
C T Corporation System

Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road

Suite, Apt. #, etc.

City
Plantation

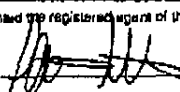
State
FL

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, do hereby certify that I am qualified to accept the obligations of section 607.0505 or 617.0401, F.S.

Signature of
Registered Agent

 **Chris McNear**
REGISTERED AGENT
Assistant Secretary

Date 11/9/2009

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
Pres.	Mark McCusker	100 Unicorn Park Drive	Woburn, MA 01801
Treas.	Seamus B. Scullion	100 Unicorn Park Drive	Woburn, MA 01801
Sec.	Seamus B. Scullion	100 Unicorn Park Drive	Woburn, MA 01801
Dir.	Mark McCusker	100 Unicorn Park Drive	Woburn, MA 01801
Dir.	Seamus B. Scullion	100 Unicorn Park Drive	Woburn, MA 01801

REINSTATEMENT

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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:

 **Seamus B. Scullion, Secretary**

Date 11/9/2009 878 248 0652

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone

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