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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE C

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F08000005403

1. Corporation Name

Texthelp Inc.

REINSTATEMENT

-13

CR2E091 (11/10)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
600 Unicorn Park Drive	600 Unicorn Park Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Woburn, MA	City & State: Woburn, MA
Zip: 01801 County: USA	Zip: 01801 County: USA

4. Date Incorporated or Qualified To Do Business in Florida: 12/24/2008

5. FEI Number: 061622277 — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED: N/A — $3.75 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

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: Kenneth Nelson Date: 11-5-13

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Officer	Mark McCusker	600 Unicorn Park Drive	Woburn, MA 01801
Officer	Seamus Scullion	600 Unicorn Park Drive	Woburn, MA 01801
Director	Mark McCusker	600 Unicorn Park Drive	Woburn, MA 01801
Director	Seamus Scullion	600 Unicorn Park Drive	Woburn, MA 01801

9A. E-mail Address: swhitaker@brownrudnick.com
(To be used for future annual report notification)

11. 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 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: 11/1/2013 888 248 0652

SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — DATE — DAYTIME PHONE

NOV 7 2013

M. WILLIAMS

Florida Department of State
Division of Corporations
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CORPORATION REINSTATEMENT
TEXTHELP INC.

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