PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

15 MAY 19 PM 3:27

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E081 (11/10)

DOCUMENT # F09000003685

1. Corporation Name

Metamark Laboratories, Inc

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
245 First Street		245 First Street	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Suite 150		Suite 150	
City & State		City & State	
Cambridge, MA		Cambridge, MA	
Zip	Country	Zip	Country
02142	USA	02142	USA

4. Date Incorporated or Qualified To Do Business in Florida: 09/16/2009

5. FEI Number: 203572686 — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED — $ 5.00 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

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent: Nicole Chaimond — Date: 5/15/2015

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
CEO	Shawn Marcell	9825 Spectrum Dr., Building 3	Austin, TX 78717
President	Shawn Marcell	9825 Spectrum Dr., Building 3	Austin, TX 78717
Director	James Clark	9825 Spectrum Dr., Building 3	Austin, TX 78717
Director	Gary Kozen	9825 Spectrum Dr., Building 3	Austin, TX 78717
Director	James Whittenberg	9825 Spectrum Dr., Building 3	Austin, TX 78717
	REINSTATEMENT		MAY 19 2015

10. E-mail Address: R. HUNT

(To be used for future annual report notification)

11. I certify that I am an officer or director of the reorganized 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., 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: — 5/15/15

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Florida Department of State
Division of Corporations
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CORPORATION REINSTATEMENT
METAMARK LABORATORIES, INC.

Certificate of Status	1
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MAY 19 2015

R. HUNT

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