PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
15 JUN -4 PM 4:07
SECRETARY OF STATE
TALLAHASSEE FLORIDA

CR2E081 (11/10)

DOCUMENT # F10000004657

1. Corporation Name
PITNEY BOWES PRESORT SERVICES INC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
27 WATERVIEW DRIVE MSC 27-3C	27 WATERVIEW DRIVE MSC 27-3C
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: SHELTON, CT	City & State: SHELTON CT
Zip: 06484 Country:	Zip: 06484 Country:

4. Date Incorporated or Qualified To Do Business in Florida: 10/21/2010
5. FEI Number: 47-0794215 ☐ Applied For ☐ Not Applicable
6. CERTIFICATE OF STATUS DESIRED — $8.75 Additional Fee required for a Certificate of Status

REINSTATEMENT 2014-2015

800271866838
05/12/15--01038--014 **900.00

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 607.0 505 or 617.0503, F.S.

Signature of Registered Agent: [signature] Sohan R. Dindyal Vice President Date: 05-28-2015
REGISTERED AGENT MUST SIGN

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

JUN - 5 2014
L. SELLERS

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	Deborah D. Pfeiffer	10110 I Street	Omaha, NE 68127
DV	Michael Monahan	3001 Summer Street	Stamford, CT 06926
S	Amy C. Corn	3001 Summer Street	Stamford, CT 06926
DVT	Debbie D. Salce	3001 Summer Street	Stamford, CT 06926
V	Barret S. Johnson	3001 Summer Street	Stamford, CT 06926
AS	Patricia M. Johnson	27 Waterview Drive	Shelton, CT 06484

10 E-mail Address: Mike.johnston@pb.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 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: [signature] Barret S. Johnson 4/29/15 2039226801
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #