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

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CORPORATION REINSTATEMENT
IPROSPECT.COM INC.

Certificate of Status	0
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Page Count	02
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D. BUTLER

11/8/2012

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TALLAHASSEE, FLORIDA

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

REINSTATEMENT H12

CR2E081 (11/10)

DOCUMENT # F10000004934

1. Corporation Name
IPROSPECT.COM INC.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
200 CLARENDON STRBET	
Suite, Apt. #, etc. FLOOR 23	Suite, Apt. #, etc.
City & State BOSTON, MA	City & State
Zip / Country 02116 / USA	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida 9/23/2011

5. FEI Number
04-3445653
☐ 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 SSYTEM

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: Julia Coto-Gray — 11/8/2012
REGISTERED AGENT MUST SIGN
GALINA AVENTA-GRAY SPECIAL ASSISTANT SECRETARY

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	Robert Murray	200 Clarendon Street, 23rd Floor	Boston, MA 02116
Director	Julia Coto	200 Clarendon Street, 23rd Floor	Boston, MA 02116

10. E-mail Address: Jessica.Arria@iProspect.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 upon 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: Julia Coto — Julia Coto — 11/7/12 — 6124447779
SIGNATURE AND TYPED OR PRINTED NAME OF RUNNING OFFICER OR DIRECTOR — Date — Daytime Phone #

FL010 - 01/19/2011 CT System Online

NOV 08 2012
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