

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

7

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

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DOCUMENT # F93000002663

1. Corporation Name  
Trapeze Software Group, Inc.

2. Principal Office Address - No P.O. Box #  
8260 East Via de Ventura  
3. Mailing Office Address  
5800 Explorer Drive, 5th Floor

Suite, Apt. #, etc.  
Suite L-200  
Suite, Apt. #, etc.

City & State  
Scottsdale, Arizona  
City & State  
Mississauga, Ontario

Zip  
85258  
Country  
U.S.A.  
Zip  
L4w 5k9  
Country  
U.S.A.

CR22001 (11/10)

4. Date Incorporated or Qualified  
To Do Business in Florida 06/01/1993

5. FEI Number  
96-0688993  
Applied for  
Not Applicable

6. CERTIFICATE OF STATUS DESIRED  SS 75 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, do hereby with and accept the obligations of section 607.0505 or 617.0603, F.S.

Signature of Registered Agent Janet Gerkin Special Asst. Secretary Date 2/1/11  
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
CEO	Mark Miller	5800 Explorer Drive, 5th Floor Mississauga, Ontario L4w 5k9 Canada.	
President & Director	Rick Barchus		
CEO, Secretary & Treasurer	Brian Beattie		
			S. HAWKES
			MAR 01 2011
			EXAMINER

REINSTATEMENT  
2010-11

10. E-mail Address: Catherine.lai@trapezegroup.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 furnished in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: [Signature] Date Feb. 24, 2011 Telephone # 905-609-8727  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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CORPORATION REINSTATEMENT  
TRAPEZE SOFTWARE GROUP, INC.

Certificate of Status	0
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