1 of 2

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 NOV -5 PM 6:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F95000000967

1. Corporation Name

EXACT SOFTWARE NORTH AMERICA, INC.

Principal Place of Business	Mailing Address
333 E. CENTER ST. MARION OH 43302	333 E. CENTER ST. MARION OH 43302

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 03

2. New Principal Office Address, if Applicable	3. New Mailing Office Address, if Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 02/28/1995

5. FEI Number: 31-0809288 (Applied For / Not Applicable)

6. CERTIFICATE OF STATUS DESIRED ☑ $8.75 Additional Fee required for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
~~P~~	~~HOLLINGER, BRUCE~~	~~333 E CENTER STU~~	~~MARION OH 43302~~
S D	KENT, JAMES B	300 BRICKSTONE SQUARE	ANDOVER MA 01810
S	NELSON, CAROL S	333 E CENTER ST	MARION OH 43302
P	H.L.L. Groenewegen	Poortweg 6	2612 PA Delft, The Netherlands

8. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City | State: FL | Zip Code

CR2E040 (7/03)

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

Signature of Registered Agent: [signature] TRACI HOUCK SPECIAL ASSISTANT SECRETARY Date 11/5/03

REGISTERED AGENT MUST SIGN

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., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: [signature] 11-3-03 800-468-0834

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

PB

Florida Department of State

Division of Corporations

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Division of Corporations
Fax Number : (850)205-0384

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)222-9428

CORPORATION REINSTATEMENT

EXACT SOFTWARE NORTH AMERICA, INC.

Certificate of Status	1
Certified Copy	0
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Estimated Charge	$758.75

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