

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 OCT 28 PM 12:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F-95000001493

1. Corporation Name
Chyron Corporation

2. Principal Office Address
5 Hub Drive

Suite, Apt. #, etc.

City & State
Melville, NY

Zip Country
11747 USA

3. Mailing Office Address
5 Hub Drive

Suite, Apt. #, etc.

City & State
Melville, NY

Zip Country
11747 USA

REINSTATEMENT 46-03

4. Date Incorporated or Qualified To Do Business in Florida
4/8/1966

5. FEI Number
11-2117385

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$375 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name United Corporate Services, Inc. 000024217900
10/28/03--01085--008 **1800.00
 Street Address (P.O. Box Number is Not Acceptable)
9200 South Dadeland Blvd.
 Suite, Apt. #, Etc. 508
 City Miami State FL Zip Code 33156

8. ^{we} being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent [Signature] Date 10/15/03
MICHAEL A. BARR - PRESIDENT REGISTERED AGENT (PRINT SIGNATURE)

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
D/P	Michael Wellesley-Wesley	5 Hub Drive	Melville, NY 11747
V	James Paul	5 Hub Drive	Melville, NY 11747
S	Robert Matlin	5 Hub Drive	Melville, NY 11747
V/T	Jerry Kieliszak	5 Hub Drive	Melville, NY 11747

10. 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] GERALD J. KIELISZAK 10/14/03 671-845-2011
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E081 (10/02)