

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F95000005031

1. Corporation Name

MYDATA AUTOMATION, INC.

Principal Place of Business

MYDATA AUTOMATION INC
TEN TECHNOLOGY DR
PEABODY MA 01960
US

Mailing Address

MYDATA AUTOMATION INC
TEN TECHNOLOGY DR
PEABODY MA 01960
US

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/17/1995

5. FEI Number

04-3219080

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
C	LUNDBERG, MARTEN	BROMMA, SWEDEN	KARLSBODAVAGEN 39
P	DUFFEY, BRIAN	10 TECHNOLOGY DRIVE	PEABODY MA
C	DEMARCO, JAMES	10 TECHNOLOGY DRIVE	PEABODY MA

REINSTATEMENT 95 1 TS

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-10/26/99--01065--013
***750.00 ***750.00

8. Name and Address of Current Registered Agent

CAPITAL CONNECTION, INC.
417 E. VIRGINIA ST.
STE. 1
TALLAHASSEE FL 32301-1283

9. Name and Address of New Registered Agent

Name
Capital Connection, Inc.
Street Address (P.O. Box Number is Not Acceptable)
417 E. Virginia St.
Suite, Apt. #, Etc.

City
Tallahassee
State
FL
Zip Code
32301

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.

Signature of
Registered Agent

Werner Lopez for Capital Connection
REGISTERED AGENT MUST SIGN
Date 10/15/99

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:

Brian M. Duffey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-12-99

Date

(918)
532-7988
Daytime Phone #