

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
05 JUL 18 AM 11:54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F96000005541

**1. Corporation Name**

PERSEPTIVE BIOSYSTEMS, INC.  
301 MERRITT 7  
P.O. BOX 5435  
NORWALK, CT 06856

W05-32311

**2. Principal Office Address**

301 MERRITT 7

**3. Mailing Office Address**

P.O. BOX 5435

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

NORWALK, CT

City & State

NORWALK, CT

Zip

06856

Country

USA

Zip

06856

Country

USA

**4. Date Incorporated or Qualified  
To Do Business in Florida**

10/24/1996

**5. FEI Number**

04-2987616

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED**

\$8.75 Additional Fee required  
for a Certificate of Status

**REINSTATEMENT 99-05**

**7. Name and Address of Current Registered Agent**

Name

CORPORATION SERVICE COMPANY

Street Address (P.O. Box Number is Not Acceptable)  
1201 HAYS STREET

500056579085

06/29/05-01003-011 \*\*\*165.75

Suite, Apt. #, Etc.

City

TALLAHASSEE

State

FL

Zip Code

32301

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

Signature of  
Registered Agent

**Janet Budhu, Asst. Vice President**

Date

7/13/05

REGISTERED AGENT MUST SIGN

**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
P/D	CATHERINE M. BURZIK	850 LINCOLN CENTRE DR, MS4322	FOSTER CITY, CA-94404-1128
V	SAMUEL P. HUNT	500 OLD CONNECTICUT PATH	FRAMINGHAM, MA 01701
AT	JOHN S. OSTASZEWSKI	301 MERRITT 7, P.O. BOX 5435	NORWALK, CT 06856
AS	THOMAS P. LIVINGSTON	301 MERRITT 7, P.O. BOX 5435	NORWALK, CT 06856
AS/D	WILLIAM B. SAWCH	301 MERRITT 7, P.O. BOX 5435	NORWALK, CT 06856

**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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/22/05

Date

203-840-2224

Daytime Phone #

CR2E081 (01/05)