

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # F96000006829

1. Corporation Name

PIVOTPOINT, INC.

Principal Place of Business

Mailing Address

2701 ROCKY POINT DR  
TAMPA FL 33607

600 W/ CUMMINGS PK/  
WOBURN MA 01801

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

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

30005

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

12/27/1996

5. FEI Number

04-2994002

Applied For

Not Applicable

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

REINSTATEMENT 00-01

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
D	CALOANO, LAWRENCE/V William J. Gilmore	GOLDMAN, SACHS, & CO-85 BROAD ST 1000 Windward Concourse #100	NEW YORK, NY 10004 Alpharetta, GA 30005
D	HELMAN, BILLY Martin D. Avallone	ONE FEDERAL STREET/26TH FLOOR 1000 Windward Concourse #100	BOSTON MA 02110/ Alpharetta, GA 30005
D P	O'BRIEN, MARLENE/ William J. Gilmore	600 WEST CUMMINGS PARK 1000 Windward Concourse #100	WOBURN MA 01801 Alpharetta, GA 30005
D S	JOHNSON, A/ BRUCE / Martin D. Avallone	125 HIGH STREET/ SUITE 2500 1000 Windward Concourse #100	BOSTON MA 02110 Alpharetta, GA 30005
P	HALEY, STEVE/ Martin D. Avallone	600 W/ CUMMINGS PARK	WOBURN MA 01801
D/	NUGENT, JOHN/ Martin D. Avallone	8 STOUTER CIR	ANDOVER MA 01810

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  
Dave Newman  
Street Address (P.O. Box Number is Not Acceptable)  
1126 Deerwood Lane  
Suite, Apt. #, Etc.  
300003536549-4  
City  
Oldsmar  
State  
FL  
Zip Code  
34677

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

*[Signature of Dave Newman]*  
REGISTERED AGENT MUST SIGN

Date January 4, 2001

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 of Martin D. Avallone]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Martin D. Avallone, Secretary

1/8/01

(678) 319-8487

Date

Daytime Phone #

CR2E040 (8/00)