PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 JAN 14 AM 10:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PAYROLL

DOCUMENT # F97000003321 (3)

1. Corporation Name

ATOS ORIGIN, Inc.
430 Mountain Avenue
Murray Hill, New Jersey 07974

2. Principal Office Address	**3.** Mailing Office Address
430 Mountain Ave	430 Mountain Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Murray Hill, NJ	City & State: Murray Hill, NJ
Zip: 07974 Country: Union	Zip: 07974 Country: Union

200023806482
10/15/03--01024--018 **750.00

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number: 13-3473749 ☐ Applied For ☐ Not Applicable

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

7. Name and Address of Current Registered Agent

Name: Corporation Service Company

200025329822
12/08/03--01083--017 **150.00

Street Address (P.O. Box Number is Not Acceptable): 1201 Hays Street

Suite, Apt. #, Etc.:

City: Tallahassee AMENDMENT 02-05 TS 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 X _____ Brian Courtney Asst V. Pres. Date 1/5/04

REGISTERED AGENT MUST SIGN

CR2E081 (10/02)

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
PRES	Mr. Tim G Lomax	430 Mountain Avenue	Murray Hill, NJ 07974
VP/TREAS	James T. Curham	430 Mountain Avenue	Murray Hill, NJ 07974
VP/AST SEC	Martin Henecke	430 Mountain Avenue	Murray Hill NJ 07974
VP/SEC	Eugene Weitz	430 Mountain Avenue	Murray Hill NJ 07974

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: /s/ _____ VP/CFO October 9, 2003 908-771-3000

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