


PS 192

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

01 MAY 10 AM 11:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT	 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F970000033812

1. Corporation Name

MULTIGEN-PARADIGM, INC.

2. Principal Office Address

One Computer Associates Plaza SAME

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Islandia, NY 11749

City & State

SAME

Zip

11749

Country

USA

Zip

SAME

Country

SAME

REINSTATEMENT 001

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

77-0361103

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75: Additional Fee required
for a Certificate of Status

SP

7. Name and Address of Current Registered Agent

Name

Corporation Service Company

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

1201 Hays Street

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

Deborah D. Skipper

Deborah D. Skipper

Asst. Secretary

Date 5-10-01

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
Dir. & Pres.	Ira H. Zar	One Computer Associates Plaza	Islandia, NY 11749
Dir & VP & Tr	Steven M. Woghin	One Computer Associates Plaza	Islandia, NY 11749
Dir & VP & Secy.	Michael A. McElroy	One Computer Associates Plaza	Islandia, NY 11749

8:00004192968-0

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:

Michael A. McElroy

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

May 1, 2001 (631 342-5244

Daytime Phone

CR2E081 (9/00)

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ACCOUNT NO. : 072100000032

REFERENCE : 144678 4320140

AUTHORIZATION :

Patricia Pizito

COST LIMIT : \$ 900.00

ORDER DATE : May 9, 2001

ORDER TIME : 10:01 AM

ORDER NO. : 144678-005

CUSTOMER NO: 4320140

CUSTOMER: Ms. Anne Jones
COMPUTER ASSOCIATES
COMPUTER ASSOCIATES
One Computer Associates Plaza
Islandia, NY 11749

DOMESTIC FILING

NAME: MULTIGEN-PARADIGM, INC.

EFFECTIVE DATE:

XX REINSTATEMENT
 CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Deborah Schroder - EXT. 1118

EXAMINER'S INITIALS: _____

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

2001 MAY 10 AM 10:41

TO ACKNOWLEDGE
SUFFICIENCY OF FILING