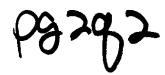


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM LED

	RPORATION STATEMENT	Secr	PARTME nerine H etary of the of correct	arris State					OI MA SEGRE MAGUAN	:TARY	TOE	STATE	-	
DOCU	JMENT #F970X tion Name	00033	5612)										
MULTI	IGEN-PARADIGM, INC.													
2. Principal	I Office Address	3. Mailing Office	Address			1								
One Co	omputer Associates	Plaza	SAME			REINSTATEMENT (2) 0/								
Suite, Apt. #, etc. Sulte, Apt. #, etc.						4. Date	4. Date incorporated or Qualified To Do Business in Florida							
City & State Island	lia, NY 11749	City & State	SAME		-	5. FEI 7		6110	3		\rightarrow	Applied Fo		
Zlp 117	749 Country USA	Zip SAME	Cou	Intry SAME	3	6.		<u>:</u> _	S DESIRED [Addition	ial Fee requate of State	uired	
		7. Name	and Adc res	s of Curr	ent Registe	red Agent			•					
8. I, being : Signature of Registered A		reet ove named corporation kippin	, am fan illai MUST S GN	Del	accept the coorah D	. Skipp	er		Zip Code 3230 5 or 617.050	3, F.S.			CR2E081 (9/00)	
9. Names	and Street Addresses of Each Officer ar	d/or Director (Florida r	onprofit coq	porations (must list at le	east 3 direc	tors)							
Titles	Name of Officers and/or Director	3			dress of Eac id/or Directo				City	y / State /	Zip			
Dir.& Pres.	Ira H. Zar)ne	Сотър	uter	Assoc	iates	Pla	za Is	slandi	a, NY	11	749	_	
Dir& VP&Tr	Steven M. Woghi	n þne	Comp	uter	Assoc	iates	Pla	za	Island	dia,	NY	11749	1	
₽i£sec	Michael A. McEl	roy One	Comp	uter	Assoc	iates	Pla	za	Islan	dia,	NY	11749	<u>.</u>	
					<u></u> _		8		004	19	25	968	<u> </u>	
.													,	
this rein	r that I am an officer or director or the reconstatement application, the reason for district the corporation have been paid and the application is true and accurate, and my TURE: SIGNATURE AND TYPED OR P	solution has been elim names of individuals l	inated, the c isted on this e same l∋ga	corporate r form do n il effect as	name satisfie not qualify for	s the requir an exempt er oath.	ements ion unde	or section er section	507.04U1 OF	F.S. The i	ı, r.ə., ı	342-	ed	





ACCOUNT NO. : 072100000032

REFERENCE: 144678_

4320140

AUTHORIZATION:

Tatricia typit

COST LIMIT : \$ 900.00

ORDER DATE: May 9, 2001

ORDER TIME : 10:01 AM

ORDER NO. : 144678-005

CUSTOMER NO: 4320140

XX REINSTATEMENT

CUSTOMER: Ms. Anne Jones

COMPUTER ASSOCIATES COMPUTER ASSOCIATES

One Computer Associates Plaza

Islandia, NY 11749

DOMESTIC FILING

MULTIGEN-PARADIGM, INC.

EFFECTIVE DATE:

C:	ERTIFICAT	E OF LIMITED PARTNERSHIP
PLEASE	RETURN THI	E FOLLOWING AS PROOF OF FILING:
XX		O COPY AMPED COPY ATE OF GOOD STANDING
CONTACT	PERSON:	Deborah Schroder - EXT. 1118 EXAMINER'S INITIALS: