

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

00 NOV -8 PM 4:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F97000006573

1. Corporation Name

NEXTERA BUSINESS PERFORMANCE SOLUTIONS GROUP, INC.

Principal Place of Business

Mailing Address

~~ONE CRANBERRY HILL~~
~~FOURTH FLOOR~~
~~LEXINGTON MA 02173~~

~~ONE CRANBERRY HILL~~
~~FOURTH FLOOR~~
~~LEXINGTON MA 02173~~

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

2. New Principal Office Address, If Applicable
92 Hayden Avenue

3. New Mailing Office Address, If Applicable
844 Moraga Drive

Suite, Apt. #, etc.
N/A

Suite, Apt. #, etc.
N/A

City & State
Lexington, MA

City & State
Los Angeles, CA

Zip Country
02421 USA

Zip Country
90049 USA

4. Date Incorporated or Qualified
To Do Business in Florida

12/12/1997

5. FEI Number

04-2874933

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Title(s) 1 | Name of Officers and/or Directors 2 | Street Address of Each Officer and/or Director 3 | City / State / Zip 4 |
|---------------|---|--|--|
| PD | BREBACH, GRESHAM T. FINK, STEVEN B. | ONE CRANBERRY HILL 844 Moraga Drive | LEXINGTON MA 02421 Los Angeles, CA 90049 |
| TD | BOHLIN, RON | ONE CRANBERRY HILL | LEXINGTON MA 02421 |
| D | FINK, STEVEN B. | 844 MORAGA DRIVE | LOS ANGELES CA 90049 |
| CL ST | MULDOWNEY, MICHAEL P | ONE CRANBERRY HILL 92 Hayden Avenue | LEXINGTON MA 02421 |
| D | SANDLER, RICHARD V | 844 MORAGA DRIVE | LOS ANGELES CA 90049 |
| D | MARON, STAN | 844 MORAGA DRIVE | LOS ANGELES CA 90049 |

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

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

Suite, Apt. #, Etc.

City

800003463718--3

-11/15/00--01021--018

****750.00 State ****750.00

FL

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

Carrie Brown

REGISTERED AGENT MUST SIGN

800003463718--3

Date 11/15/00--01021--018

*****8.75 *****8.75

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Michael P. Muldowney, Secretary

Date

Daytime Phone #

11-3-00 (780) 778-4408