15 MAR 27 PM 1:12

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E081 (11/10)

DOCUMENT # F97000006609

1. Corporation Name
Omtool, Ltd. Company

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
6 RIVERSIDE DRIVE	6 RIVERSIDE DRIVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ANDOVER, MA	City & State: ANDOVER, MA
Zip: 01810 Country: USA	Zip: 01810 Country: USA

4. Date Incorporated or Qualified To Do Business In Florida: 12/15/1997

5. FEI Number: 02-0447481 Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED: YES $5.00 Additional fee required for a Certified Copy

7. Name and Address of Current Registered Agent

Name: C T Corporation System

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road

Suite, Apt. #, etc.

City: PLANTATION State: FL Zip Code: 33324

REINSTATEMENT
MAR 27 2015
R. HUNT

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: Kendra Jesus — VP REGISTERED AGENT MUST SIGN Date: 3/27/2015

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
P	VORLK, ROBERT	6 RIVERSIDE DRIVE	ANDOVER, MA 01810
T/S	COCCOLUTO, DAN	6 RIVERSIDE DRIVE	ANDOVER, MA 01810
D	SCHULTZ, MARTIN	6 RIVERSIDE DRIVE	ANDOVER, MA 01810
D	CRAMER, RICHARD	6 RIVERSIDE DRIVE	ANDOVER, MA 01810
D	O'HALLORAN, JAMES P.	6 RIVERSIDE DRIVE	ANDOVER, MA 01810
D	DITRI, ARNOLD	6 RIVERSIDE DRIVE	ANDOVER, MA 01810

10. E-mail Address: Kboland@omtool.com
(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: Dan Coccoluto 3/27/2015 978-327-5700
SIGNATURE AND TYPED OR PRINTED NAME OF SUBSCRIBER OR DIRECTOR — Date — Daytime Phone #

FLR30 - 03/17/2013 Wolters Kluwer CCSvc

Florida Department of State

Division of Corporations

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CORPORATION REINSTATEMENT
OMTOOL, LTD. COMPANY

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R. HUNT

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