PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

APPROVED AND FILED
01 NOV 13 PM 12:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F98-000-000-389

1. Corporation Name
Pronetrics, INCORPORATED

REINSTATEMENT 2000-2001

2. Principal Office Address	**3.** Mailing Office Address
5191 Natorp Blvd	TLMS TAX DEPT, 5191 Natorp Blvd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
	2nd floor
City & State: Mason OH	City & State: Mason OH
Zip: 45040 Country: U.S.A.	Zip: 45040 Country: U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida: 3/8/00

5. FEI Number: 59-2195452 ☐ 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

300004690833--8
-11/21/01--01043--021
****908.75 ****908.75

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: BRIAN COURTNEY, ASST. V.P. Date: 11-12-01
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
P	Michael Brannick	290 Harbor Dr. 2nd fl.	Stamford, CT 06902
V	Leslie Law	1 Station Pl.	Stamford, CT 06902
V/T	Eric Shuman	290 Harbor Dr. 2nd fl	Stamford, CT 06902
V/S/D	Edward Friedland	1 Station Pl	Stamford, CT 06902
V/S/D	Michael S. Harris	1 Station Pl	Stamford, CT 06902
A/S	JAMES KEANE	5191 Natorp Blvd	MASON OH 45040

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: James F. Keane James F. Keane Asst. Secretary 11/9/01 _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ACCOUNT NO. : 072100000032

REFERENCE : 390516 7266177

AUTHORIZATION :

COST LIMIT : $ PPD

ORDER DATE : November 12, 2001

ORDER TIME : 12:04 PM

ORDER NO. : 390516-005

CUSTOMER NO: 7266177

CUSTOMER: Ms. Tiffany Black
Thomson Learning Inc.
Tlms Tax 2nd Floor
5191 Natorp Boulevard
Mason, OH 45040

REINSTATEMENT

NAME: PROMETRICS, INCORPORATED

File 1st

XX ___ REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY
XX _____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea

EXAMINER'S INITIALS _____