PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 APR 19 PM 4:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F98000002552

99-04

1. Corporation Name
THE GNOME GROUP, INC.

2. Principal Office Address	3. Mailing Office Address
18 Tremont Street	103 N. Meridian Street
Suite, Apt. #, etc.: Suite 146	Suite, Apt. #, etc.: Lower Level
City & State: Boston, Massachusetts	City & State: Tallahassee, Florida
Zip: 02108 Country: USA	Zip: 32301 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 05/04/1998

5. FEI Number: 04-3301044 ☐ 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: CorpDirect Agents, Inc.

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Street Address (P.O. Box Number is Not Acceptable): 103 N. Meridian Street

Suite, Apt. #, Etc.: Lower Level

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: [signature] Asst. Sec. Date: 4-19-04

REGISTERED AGENT MUST SIGN

CR2E081 (10/02)

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DPST	Eric Assimakopoulos	103 N. Meridian Street, Lower Level	Tallahassee, FL 32301

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: [signature] Director 01133611850940

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

BB