PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
01 NOV 16 AM 11:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-12/13/01--01006--008
****750.00 ****750.00

DOCUMENT # F98000005718

1. Corporation Name

People 3, Inc.

2. Principal Office Address	**3.** Mailing Office Address
745 Route 202\206	Gartner, Inc.
Suite, Apt. #, etc.	Suite, Apt. #, etc. Attn: Legal Dept. 56 Top Gallant Rd
City & State: Bridgewater NJ	City & State: Stamford CT
Zip: 08807 Country:	Zip: 06904 Country:

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number: 22-3609913 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $30.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: CT Corporation System REINSTATEMENT 01

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

Suite, Apt. #, Etc.:

City: Plantation State: FL Zip Code: 33324

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: PETER F. SOUZA ASSISTANT SECRETARY Date: 11/12/01

REGISTERED AGENT MUST SIGN

CR2E031 (9/00)

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
PD	Pittinger, Linda	745 Route 202\206	Bridgewater NJ 08807
S	LaValette, Guy	745 Route 202\206	Bridgewater NJ 08807
T	Berry Diane	745 Route 202\206	Bridgewater NJ 08807
COO	LaValette, Gordon	745 Route 202\206	Bridgewater NJ 08807

MW

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: GORDON LAVALETTE 11/8/01 908-243-3503

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