

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

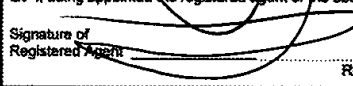
CORPORATION REINSTATEMENT 		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F98000005718			
1. Corporation Name People 3, Inc.			
2. Principal Office Address 745 Route 202/206		3. Mailing Office Address Gartner, Inc.	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Attn: Legal Dept.	
City & State Bridgewater NJ		City & State Stamford CT	
Zip 08807	Country	Zip 06904	Country

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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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4. Date Incorporated or Qualified To Do Business in Florida	
5. FEI Number 22-3609913	Applied For ☐ Not Applicable
6. CERTIFICATE OF STATUS DESIRED ☐ \$0.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name CT 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	

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0503 or 617.0503, F.S.			
Signature of Registered Agent 		PETER F. SOUZA ASSISTANT SECRETARY REGISTERED AGENT MUST SIGN	
Date 11/12/01		CR-0001 (9/00)	
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
PD	Pittenger, 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

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	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 11/8/01	Daytime Phone # 908-243-3503