

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

00 DEC 28 AM 9:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F99000002797

1. Corporation Name

SYNCHRONICITY SOFTWARE, INC.

Principal Place of Business

Mailing Address

201 FOREST STREET
MARLBORO MA 01752

201 FOREST STREET
MARLBORO MA 01752

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/01/1999

5. FEI Number

04-3294799

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
CP	HARMON, DENNIS	201 FOREST STREET	MARLBORO MA 01752
WT	CONNOLLY, EUGENE	201 FOREST STREET	MARLBORO MA 01752
S	SOZIO, ONOFRIO	201 FOREST STREET	MARLBORO MA 01752
D	FINIGAN, RICHARD	201 FOREST STREET	MARLBORO MA 01752
D	MICHL, LEIGH	201 FOREST STREET	MARLBORO MA 01752
D	LIEBER, SETH	201 FOREST STREET	MARLBORO MA 01752

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

Name

100003533651--9

Street Address (P.O. Box Number is Not Acceptable)

01/11/01--01101--017
***750.00 ***750.00

Suite, Apt. #, Etc.

City

State

Zip Code

FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

PETER F. SOUZA

ASSISTANT SECRETARY

Date

12/26/00

REGISTERED AGENT MUST SIGN

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., 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12-12-00 5084854122

CR2E040 (8/00)