



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 14 PM 4:48 SECRETARY OF STATE TALLAHASSEE, FLORIDA																													
DOCUMENT # F99000005372																																	
1. Corporation Name CONVERGENT NETWORKS, INC.																																	
2. Principal Office Address 900 Chelmsford St. Suite, Apt. #, etc. City & State Lowell, MA Zip 01851		3. Mailing Office Address 900 Chelmsford St. Suite, Apt. #, etc. City & State Lowell, MA Zip 01851		4. Date Incorporated or Qualified To Do Business in Florida 10/19/99																													
				5. FEI Number 04-3420240																													
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status																													
7. Name and Address of Current Registered Agent																																	
Name CT Corporation																																	
Street Address (P.O. Box Number Is Not Acceptable) 1200 South Plantation 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 Connie Bryan CONNIE BRYAN SPECIAL ASSISTANT SECRETARY REGISTERED AGENT MUST SIGN																																	
Date 11/14/2001																																	
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)																																	
<table border="1"><thead><tr><th>Titles</th><th>Name of Officers and/or Directors</th><th>Street Address of Each Officer and/or Director</th><th>City / State / Zip</th></tr></thead><tbody><tr><td>P,D</td><td>John C. Thibault</td><td>900 Chelmsford Street</td><td>Lowell, MA 01851</td></tr><tr><td>T,V</td><td>Paul Silva</td><td>900 Chelmsford Street</td><td>Lowell, MA 01851</td></tr><tr><td>S</td><td>Robert Chow</td><td>900 Chelmsford Street</td><td>Lowell, MA 01851</td></tr><tr><td>D</td><td>Bing Yang</td><td>900 Chelmsford Street</td><td>Lowell, MA 01851</td></tr><tr><td>D</td><td>Todd Dagres</td><td>900 Chelmsford Street</td><td>Lowell, MA 01851</td></tr><tr><td>D</td><td>David Schantz</td><td>900 Chelmsford Street</td><td>Lowell, MA 01851</td></tr></tbody></table>						Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip	P,D	John C. Thibault	900 Chelmsford Street	Lowell, MA 01851	T,V	Paul Silva	900 Chelmsford Street	Lowell, MA 01851	S	Robert Chow	900 Chelmsford Street	Lowell, MA 01851	D	Bing Yang	900 Chelmsford Street	Lowell, MA 01851	D	Todd Dagres	900 Chelmsford Street	Lowell, MA 01851	D	David Schantz	900 Chelmsford Street	Lowell, MA 01851
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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:  - Robert Chow, Secretary 11/9/01 (979)323-3399																																	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																																	
Date																																	
Daytime Phone #																																	