PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
99 DEC 20 AM 11:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G18373

1. Corporation Name

Computer Management Sciences, Inc.

Principal Place of Business	Mailing Address

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

REINSTATEMENT 1999

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
One Computer Associates Plaza	One Computer Associates Plaza
Suite, Apt. #, etc.	Suite, Apt. #, etc. Attn: Tax Department
City & State Islandia, NY	City & State Islandia, NY
Zip 11749 Country U.S.A.	Zip 11749 Country U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida: January 12, 1983

5. FEI Number: 59-2264633 ☐ 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
President/ Director	IRA ZAR	One Computer Associates Plaza	Islandia, NY 11749
Secretary/ Director	Michael A. McElroy	One Computer Associates Plaza	Islandia, NY 11749
Treasurer/ Director	Steven M. Woghin	One Computer Associates Plaza	Islandia, NY 11749

100000319515.01
-01/20/00--01011--008
****750.00 ****750.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
Jerry W. Davis 8133 Baymeadows Way Jacksonville, FL 32256	Name: Corporation Service Company Street Address (P.O. Box Number is Not Acceptable): 1201 Hays Street Suite, Apt. #, Etc.: Suite 105 City: Tallahassee State: FL Zip Code: 32301

CR2E051(12/98)

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: Deborah D. Skipper — Deborah D. Skipper as its agent — Date: 12/17/99
REGISTERED AGENT MUST SIGN

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes ☐ No ☑ (See other side for information on intangible tax.)

12. 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: IRA ZAR — 12/15/99 — (631) 342-5224
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #