PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
02 JAN 24 PM 3:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00670

1. Corporation Name

RCG Information Technology

2. Principal Office Address	3. Mailing Office Address
20 N. Orange Avenue	379 Thornall St.
Suite. Apt. #, etc. Suite 705	Suite. Apt. #, etc. 14th floor
City & State Orlando, Florida	City & State Edison, NJ.
Zip 32801 Country USA	Zip 08837 Country USA

4. Date Incorporated or Qualified To Do Business In Florida 1-20-1984

5. FEI Number 22-203-2892 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 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 607.0505 or 617.0503, F.S.

Signature of Registered Agent: Pat Nolan — Patrick A. Nolan, Assistant Secretary — Date: 12/19/01

REGISTERED AGENT MUST SIGN

CR2E061 (8/00)

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
President/ CEO	Rob Simplot	379 N. Thornall St	Edison, NJ. 08837
SR. VP/ CFO	Gerard Lynch	379 N. Thornall St	Edison, NJ. 08837

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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: _____ 12/12/01 7327443500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #