PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

P16966

1. Corporation Name

VERSYSS INCORPORATED

Principal Place of Business

Malling Address

45-CRAWFORD-ST

15 CRAWFORD ST

97 NOV 12 PM 1: 05 SECRETARY OF STATE TALLAHASSEE, FLORIDA

FILED

REINSTATEMENT97

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					REINSTATEMENT97				
If above addresses are incorrect in any way, line through incorrect information and enter correction below.							Walk.	CONTRACTOR SERVICES	
12m To Amedian Pd VERSIS			ng Office Address, If Applicable Journal Tourners		Date Incorporated or Qualified To Do Business in Florida 11/30/1987				
City & State City & State			W VINOCONIZ AZO		5. FEI Number	58-1760004 H		Applied For	
Zip 079	SO Sountry US A	TO US A CERTIF			ATE OF STATUS DESIRED S8.75 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)	Name of Officers and/or Directors			Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box Numbers)			City / State / Zip		
970	WRAYBACK, THOMAS WRABACK	1200 THE AMERICAN RD			MORRIS PLAINS NJ 67050				
٧	EDWARDS, WILLIAM	3 STOP RIVER RD			NORFOLK MA				
S. C.	STEVENS, CHARLIE PROJECTS, JETTER	360 US AT TO LANGUE ON RE			OZOSO Trising no OZOSO				
\$GER. V.Nu.,	MORTELL, JOHN	SO HERTIAGE DR			PLEASANTVILLE NO NY 10570				
P	GREEN, MARY GEFEN, HENRY	5-PINE VALLEY-COURT 26 APPREWORD LEANS		MORGINTO TO 7960					
Name and Address of Current Registered Agent					9. Name and Address of New Registered Agent				
THE PRENTICE-HALL CORPORATION SYSTEM INC.					3000023446237				
1201 HAYS STREET					P.O. Box Number is Not Acceptable)				
SUITE		Sulte, Apt. #, Etc.				0			
C				City	State Zip Code				
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 Date Date Date									
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes X No (See other side for information on intangible tax.)									

12.1 certify that 1 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:

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



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ολέτοσοροβεί, εκνιίομ ACCOUNT NO. :

4712616 REFERENCE: 597499

COST LIMIT : \$ 750.00

ORDER DATE: November 11, 1997

ORDER TIME: 11:09 AM

ORDER NO. : 597499-005

CUSTOMER NO: 4712616

Mr. Joseph Knauer CUSTOMER:

PHYSICIAN COMPUTER NETWORK,

INC.

1200 The American Road

Morris Plains, NJ 07950

DOMESTIC FILING

NAME: VERSYSS INCORPORATED

XX __ REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Christopher Smith

EXAMINER'S INITIALS: