

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

CORPORATION
REINSTATEMENT

DOCUMENT # ~~08004329291~~ P21866

1. Corporation Name

PC Liquidation Corp

2. Principal Office Address

c/o: The Stackpole Corp. c/o: The Stackpole Corp.
85 Wells Avenue

Suite, Apt. #, etc.

Suite 200

City & State

Newton, MA

3. Mailing Office Address

c/o: The Stackpole Corp. c/o: The Stackpole Corp.
85 Wells Avenue

Suite, Apt. #, etc.

Suite 200

City & State

Newton, MA

4. Date Incorporated or Qualified

To Do Business in Florida 11/22/88

5. FEI Number

59-2805167

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

Zip

02459-3215

Country

USA

Zip

02459-3215

Country

USA

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

REINSTATEMENT 9800

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

Sylvia Amenta-Gray

SALVINA AMENTA-GRAY
SPECIAL ASSISTANT SECRETARY

10-9-00

REGISTERED AGENT MUST SIGN

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 |
|--------|-----------------------------------|--|--------------------|
| Pres. | J. Samuel Parkhill | 12 Pleasant Street | Dover, MA 02030 |
| Sec. | Robyn M. Hunter | 32 Cedar Hill Road | Dover, MA 02030 |
| | | | |
| | | | |
| | | | |

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***1050.00 ***1050.00

[Handwritten Signature]

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:

[Handwritten Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-03-00

Date

Daytime Phone #

CR2001 (9/99)