PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
97 AUG 20 PM 2:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P35163

1. Corporation Name

KURZWEIL APPLIED INTELLIGENCE, INC.

W97-19332

Principal Place of Business

411 WAVERLEY OAKS ROAD
WALTHAM, MA 02154

Mailing Address

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida 8/20/91

5. FEI Number 04-2815079 — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED [X] — $8.75 Additional Fee required for a Certificate of Status

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-08/26/97--01028--014
***1080.00 ***1080.00

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City, State, Zip 4
CO/D	JO LERNOUT	20 MALL ROAD	BURLINGTON, MA 01803
CC/D	POL HAUSPIE	20 MALL ROAD	BURLINGTON, MA 01803
P/PEO	GASTON BASTIANES	20 MALL ROAD	BURLINGTON, MA 01803
PFO	THOMAS B. DOHERTY	411 WAVERLEY OAKS ROAD	WALTHAM, MA 02154
C/D	NICO WILLAERT	20 MALL ROAD	BURLINGTON, MA 01803
D	FERNAND CLOET	20 MALL ROAD	BURLINGTON, MA 01803

8. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Not Acceptable)

Suite, Apt. #, etc.

City — State — Zip

REINSTATEMENT — 95-97

SL 8-25-97

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******8.75 ******8.75

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: [signature] EDWARD GWISDALLA, Assistant Vice President — REGISTERED AGENT MUST SIGN — Date 8-14-97

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes [ ] No [X] (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: THOMAS B. DOHERTY, PRINCIPAL FINANCIAL OFFICER — 8/14/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E040 (12/96)