PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 DEC -9 PM 2:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P36292

1. Corporation Name
The RETEC Group, Inc.

REINSTATEMENT 01-02

2. Principal Office Address	3. Mailing Office Address
300 Baker Ave	same
Suite, Apt. #, etc.: Ste 302	Suite, Apt. #, etc.
City & State: Concord, MA	City & State
Zip: 01742 Country: USA	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: 11/14/1991

5. FEI Number: 04-2896814 ☐ 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): c/o CT Corporation System

300005418383
12/09/02--01061--001 **900.00

Suite, Apt. #, Etc.: 1200 South Pine Island Road

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: PETER F. SOUZA ASSISTANT SECRETARY
REGISTERED AGENT MUST SIGN

Date: 11/20/02

CR2E081 (9/01)

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/CEO Dir	Michael D. Knupp	300 Baker Ave, Ste 302	Concord, MA 01742
VP/COO	Benjamin R. Genes	300 Baker Ave, Ste 302	Concord, MA 01742
Sec.	Thomas M. Zimmer	One Militia Drive	Lexington, MA 02421
Treas/CFO	Daniel G. Donovan, III	300 Baker Ave, Ste 302	Concord, MA 01742
Dir/Asst.Sec	Costa Littas	Damonmill Sq, ste 4A-2	Concord, MA 01742
Dir.	Schuyler G. Lance	23 Lewis Road	Concord, MA 01742

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: President 11/25/02 (978) 371-1422
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

12/10