PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #	P97000012093
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1. Corporation Name

RAMP, INC.

Principal Place of Business

2. New Principal Office Address, If Applicable

50 WASHINGTON STREET

1211 -

NORWALK CT 06854

HOTHINEK

Mailing Address

50 WASHINGTON STREET

1211

NORWALK CT 06854

US

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

4. Date Incorporated or Qualified
To Do Business in Florida

59-2314331

CERTIFICATE OF STATUS DESIRED

S8.75 Additional Fee required for a Certificate of Status

FILED

02 OCT 29 PM 1:35

SECRETARY OF STATE TALLAHASSEE, FLORIDA

| Suite, Apt. #, etc. | Suite, Apt. #, etc.

City / State / Zip SOUTH NORWALK CT 08854 1000 East William St, Suite 204 man Aldin ∀PD- MALLIN, NOAH 50 WASHINGTON STREET, SUITE #121-SOUTH NORWALK CT 06854 VP 1000 East William Street Suite Doy Carson City NV 89701 DT DUNN, SCOTT C 50 WASHINGTON STREET ~ NORWALK CT 06854 600 East William St. Suite 201 50 WASHINGTON STREET, SUITE #121 -PD→ MASUD, DALL-SOUTH NORWALK CT 06854 <u>S</u> <u>Dali, Islam</u> 1000 East William St., Suite 204 POSTIGLIÓNE, WILLIAM J ΑT 50 WASHINGTON STREET, SLITE #121 SOUTH NORWALK CT 06854 1000 East William St, Suite 204

3. New Mailing Office Address, If Applicable

8. Name and Address of Current Registered Agent

1000 tast Williamst. Suite 204

Name

9. Name and Address of New Registered Agent

NRAI SERVICES, INC. 526 E. PARK AVENUE TALL. FL 32301

Street Address (P.O. Box Number is Not Acceptable)

300018806063 Suite, Apt. #, Etc. 11/05/02--01055--004 ***750, 00

City

- O.I.

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. or 617.0505, F.S.

Signature of Registered Agent

D

THE YEAR OF THE D

MUST SIGN GARC

SHERMAN, A

re 10/25/02 SSFSMAT SEXUTURN

11. I certify that I am an efficer 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Secretary 10-24-02

24-02 203-359-072

Daytime Phone

01 10/29/10

Ramp, Inc.

Florida Document Number: P97000012093

Director: Joel Mallin 1000 East William Street Suite 204 Carson City, NV 89701

Vice President: William T. Collins 1000 East William Street Suite 204 Carson City, NV 89701

Vice President: Charles E. Matthews 1000 East William Street Suite 204 Carson City, NV 89701

Assistant Secretary: Susan Clark 1000 East William Street Suite 204 Carson City, NV 89701

Assistant Secretary: Alesandra Hanak 1000 East William Street Suite 204 Carson City, NV 89701

Assistant Secretary: Janice A. Sullivan 1000 East William Street Suite 204 Carson City, NV 89701