

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P33991
1. Corporation Name
Informix Software, Inc

2. Principal Office Address 50 Washington Street Suite, Apt. #, etc.		3. Mailing Office Address 50 Washington Street Suite, Apt. #, etc.	
City & State Westboro, MA		City & State Westboro, MA	
Zip 01581	Country USA	Zip 01581	Country USA

FILED
 DIVISION OF CORPORATIONS
 03 AUG 26 PM 11:58
 REINSTATEMENT 02-03

4. Date Incorporated or Qualified To Do Business in Florida **05/14/91**

5. FEI Number **36-3113919** Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$0.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
C T 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

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 *Connie Bryan* **CONNIE BRYAN**
SPECIAL ASSISTANT SECRETARY

REGISTERED AGENT MUST SIGN Date **8/26/03**

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

Title	Name of Officers and/or Directors	Street Address of Each Officers and/or Director	City/State/Zip
Pres	Peter Fiore	50 Washington Street	Westboro, MA 01581
Treas	Robert C McBride	50 Washington Street	Westboro, MA 01581
Sec	Scott N Semel	50 Washington Street	Westboro, MA 01581

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)(1), 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: *Robert C McBride* **Robert C McBride** Date **05/16/03** Daytime Phone # **508-366-3888**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Florida Department of State
Division of Corporations
Public Access System

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To:

Division of Corporations
Fax Number : (850)205-0384

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)222-9428

CORPORATION REINSTATEMENT

INFORMIX SOFTWARE, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$900.00