

AUG-26-2003 11:58

P.02/02

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| | |
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| CORPORATION REINSTATEMENT | FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS |
|--------------------------------------|----------------------------------------------------------------------------------------|

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 |

REINSTATEMENT 02-03

FILED
DIVISION OF CORPORATIONS
03 AUG 26 PM 11:18

| | |
|-------------------------------------------------------------------------|------------------------------------------------------------|
| 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 <input type="checkbox"/> | \$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 Date: 8/26/03

REGISTERED AGENT MUST SIGN

| 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 Date Daytime Phone #

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 |