

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**FILED**  
 04 APR 16 PM 4:26  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

<b>CORPORATION REINSTATEMENT</b>		<b>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</b>
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**DOCUMENT # P98000097723**

**1. Corporation Name**  
 T15 Acquisition Corp.

<b>2. Principal Office Address</b> 273 Corporate Boulevard	<b>3. Mailing Office Address</b> P.O. Box 8749
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Suite, Apt. #, etc. Suite 100	Suite, Apt. #, etc.
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<b>City &amp; State</b> Portsmouth, NH	<b>City &amp; State</b> Princeton, NJ
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<b>Zip</b> 03801	<b>Country</b> USA	<b>Zip</b> 08543-8749	<b>Country</b> USA
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<b>4. Date Incorporated or Qualified To Do Business in Florida</b> November 19, 1998	
<b>5. FEI Number</b> 65-0896120	<b>Applied For</b> Not Applicable
<b>6. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> <small>See 75. Address and Fee requirements for Certificate of Status.</small>	

**REINSTATEMENT 99-04**

**7. Name and Address of Current Registered Agent**

<b>Name</b> CT Corporation System	
<b>Street Address (P.O. Box Number is Not Acceptable)</b> 1200 S. Pine Island Road	
Suite, Apt. #, Etc.	
<b>City</b> Plantation	<b>State</b> FL
<b>Zip Code</b> 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: Barbara A. Burke Date: 4-15-04

Barbara A. Burke, Spec. Asst. Secy. REGISTERED AGENT MUST SIGN

**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
P	Edward D. Breen	273 Corporate Drive, Suite 100	Portsmouth, NH 03801
Secy/D	M. Brian Moroze	273 Corporate Drive, Suite 100	Portsmouth, NH 03801
Treas.	Martina Hund-Mejcan	273 Corporate Drive, Suite 100	Portsmouth, NH 03801

**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)(f), 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:** Edward D Breen Edward D. Breen Date: 4/15/04

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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From:

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Account Number : FCA000000023  
Phone : (850) 222-1092  
Fax Number : (850) 222-9428

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**CORPORATION REINSTATEMENT**

**T15 ACQUISITION CORP.**

Certificate of Status	0
Certified Copy	0
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