

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 NOV 22 PM 12:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V24901

1. Corporation Name

Control Solutions International, Inc.

2. Principal Office Address

Millyard Technology Park

3. Mailing Office Address

Millyard Technology Park

Suite, Apt. #, etc.

39 Pine Street Extension

Suite, Apt. #, etc.

39 Pine Street Extension

City & State

Nashua, NH

City & State

Nashua, NH

Zip

03060

Country

Hillsborough

Zip

03060

Country

Hillsborough

4. Date incorporated or Qualified

To Do Business in Florida 3/26/1992

5. FEI Number

65-0344734

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$375 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Corporation Service Company

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

1201 Hays Street

Suite, Apt. #, Etc.

City

Tallahassee

State
FL

Zip Code
32301

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

Kathleen Miller Asst VP

REGISTERED AGENT MUST SIGN

Date 11/21/02

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
PTD	Frank Edelblut	39 Pine Street Extension	Nashua, NH 03060
S	Richard M. Miller	863 State Road	Princeton, NJ 08540

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:

Frank Edelblut Frank Edelblut
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-12-02
Date

603-592-0700
Daytime Phone #

[Signature]

REINSTATEMENT 02

CR2E081 (3/01)



ACCOUNT NO. : 072100000032

REFERENCE : 829498 5040185

AUTHORIZATION : *Patricia Pigato*

COST LIMIT : \$ 750.00

ORDER DATE : November 21, 2002

ORDER TIME : 10:40 AM

ORDER NO. : 829498-005

CUSTOMER NO: 5040185

CUSTOMER: Mr. Richard Miller, Esq
Miller & Mitchell, P.c.
863 State Road

Princeton, NJ 08540-1511

RECEIVED
02 NOV 22 AM 11:44
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOMESTIC FILINGS

NAME: CONTROL SOLUTIONS
INTERNATIONAL, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea

EXAMINER'S INITIALS _____