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The Commonwealth of Massachusetts

William Francis Galvin
Secretary of the Commonwealth
One Ashburton Place, Boston, Massachusetts 02108-1512

FORM MUST BE TYPED

Application For Reinstatement Following Administrative Dissolution (General Laws Chapter 156D, Section 14.22; 950 CMR 113.47)

FORM MUST BE TYPED

(1) Exact name of corporation: Unipoint Technologies, Inc. 000608176

(2) Registered office address: 34 Washington Street, Suite 201, Wellesley Hills, MA 02481
(number, street, city or town, state, zip code)

Name of the registered agent at registered office: Tatyana Miller

(3) Effective date of the corporation's administrative dissolution: June 30, 2014
(month, day, year)

(4) The grounds for administrative dissolution:

(check appropriate box)

- did not exist.
 have been eliminated.

(5) The corporation's name satisfies the requirements of G.L. Chapter 156D, Section 4.01 or the corporation shall simultaneously submit a certificate of amendment to change its name to a name that satisfies the requirements of G.L. Chapter 156D, Section 4.01.

(6) The reinstatement of the corporation shall be effective at the time and on the date approved by the Division, unless a later effective date not more than 90 days from the date and time of filing is specified: _____

(7) Attach a certificate from the Commonwealth of Massachusetts Department of Revenue reciting that all corporate excise taxes and any related penalties have been paid or a request to the Department of Revenue for this certificate.

(8) The Division shall:


(check appropriate box)

- reinstate the corporation without limitation.*
 limit reinstatement to a specified period of time not to exceed one year.

* The corporation must file annual reports for the previous ten (10) fiscal years, if not previously filed.

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P.C.

Signed by: 
(signature of authorized individual)

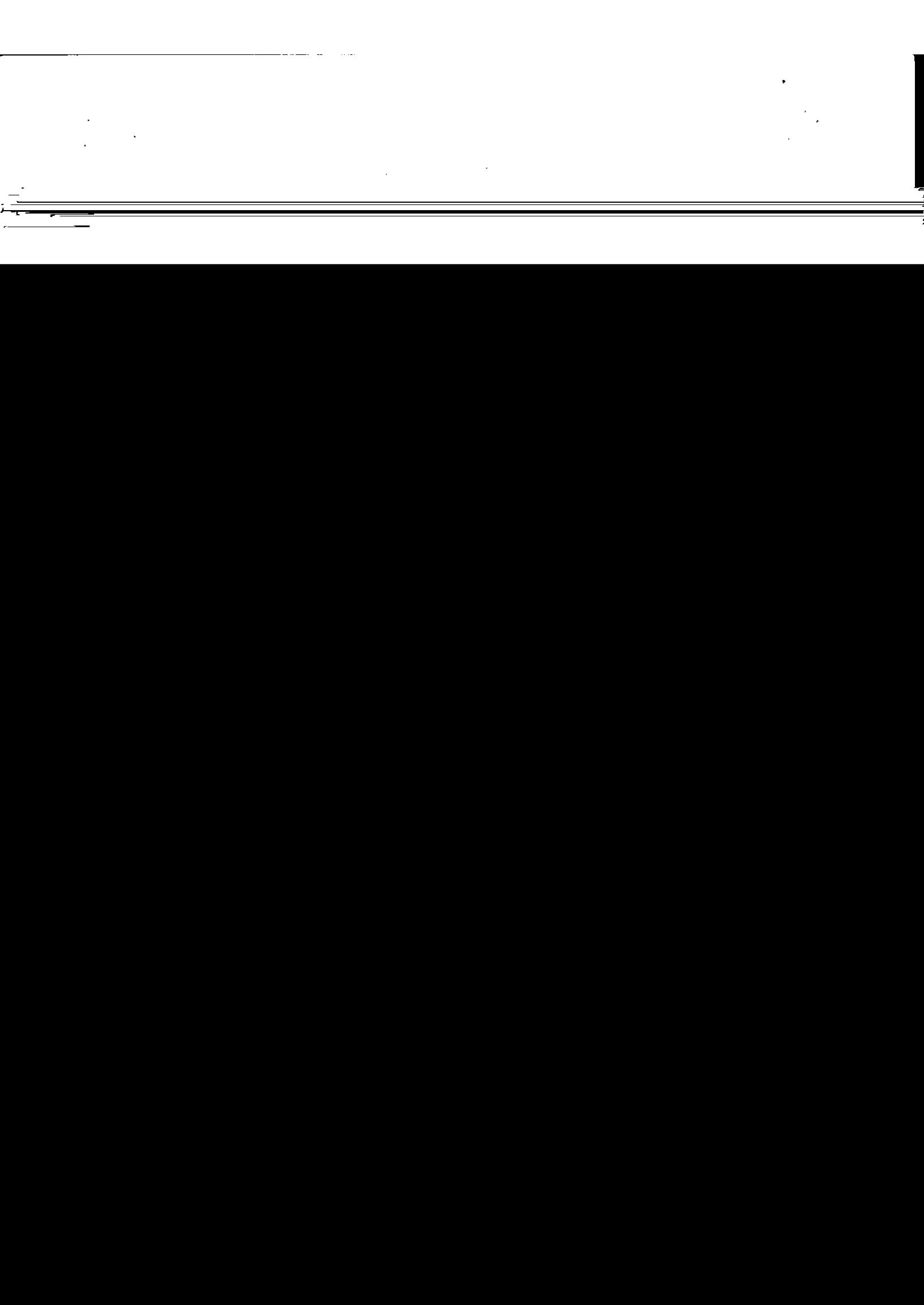
- Chairman of the board of directors,
- President,
- Other officer,
- Court-appointed fiduciary,

on this 20th day of August, 2014



Request for a Certificate of Good Standing and/or Tax Compliance

Massachusetts



COMMONWEALTH OF MASSACHUSETTS

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Following Administrative Dissolution
(General Laws Chapter 156D, Section 14.22; 950 CMR 113.47)

I hereby certify that upon examination of this application for reinstatement, duly submitted to me, it appears that the provisions of the General Laws relative thereto have been complied with, and I hereby approve said application; and the filing fee in the amount of \$100 having been paid, said application is deemed to have been filed with me this 4 day of Sept. 20 14 at 11:49 a.m./p.m.
time

Effective date: _____
(must be within 90 days of date submitted)

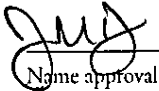


WILLIAM FRANCIS GALVIN
Secretary of the Commonwealth

Check 1543



Examiner



Name approval

09, 10, 12, 13

#A.R.

Filing fee: \$100

TO BE FILLED IN BY CORPORATION
Contact Information:

Matthew Shayefar, Esq. - Boston Law Group, PC

825 Beacon Street, Suite 20

Newton Centre, MA 02459

Telephone: 617-928-1806

Email: matt@bostonlawgroup.com

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If the document is rejected, a copy of the rejection sheet and rejected document will be available in the rejected queue.

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CORPORATION DIVISION

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