

Florida Department of State  
Division of Corporations  
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To:  
Division of Corporations  
Fax Number : (850) 617-6384

From:  
Account Name : CORPORATION SERVICE COMPANY  
Account Number : I20000000195  
Phone : (850) 521-1000  
Fax Number : (850) 558-1575

*Kimberly x 2949*

**CORPORATION REINSTATEMENT**

**HITACHI TELECOM (USA), INC.**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$1,950.00

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Corporate Filing Menu

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MAY. 13. 2009 2:19PM

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NO. 849

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION  
REINSTATEMENTFLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

## REINSTATEMENT 01-09

DOCUMENT # F00000003902

1. Corporation Name

Hitachi Telecom (USA), Inc.

FILED

09 MAY 13 PM 3:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CR2E081 (12/08)

2. Principal Office Address - No P.O. Box #  
3617 Parkway Lane3. Mailing Office Address  
3617 Parkway Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Norcross, GACity & State  
Norcross, GAZip  
30092Country  
USAZip  
30092Country  
USA4. Date Incorporated or Qualified  
To Do Business in Florida

7/12/2000

5. FEI Number  
581741947Applied For  
Not Applicable6. CERTIFICATE OF STATUS DESIRED ☒\$8.75 Additional Fee required  
for a Certificate of Status

## 7. Name and Address of Current Registered Agent

Name  
Corporation Service CompanyStreet Address (P.O. Box Number is Not Acceptable)  
1201 Hays Street

Suite, Apt. #, Etc.

City  
tallahasseeState  
FL Zip Code  
32301☐ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0508, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date 5/8/09

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
CEO	Torn Takesue	3617 Parkway Lane	Norcross, GA 30092
Pres	Kagehiro Yamamoto	3617 Parkway Lane	Norcross, GA 30092
CFO	Hirofumi Maeda	3617 Parkway Lane	Norcross, GA 30092

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 contained in Chapter 119, 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:

  
Kagehiro Yamamoto  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR5/5/09  
Date770-797-2500  
Daytime Phone #

Jc 5/13