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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

F08000004036

CORPORATION (FLORIDA DOMESTIC OR FOREIGN)
REINSTATEMENT

DOCUMENT # F08000004036

1. Corporation Name

DZS Inc. (formerly DASAN Zhone Solutions, Inc.)

800359024575

GR2E091 (11/19)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
5700 Tennyson Parkway	5700 Tennyson Parkway
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Suite 400	Suite 400
City & State	City & State
Plano, Texas	Plano, Texas
Zip / Country	Zip / Country
75024 / USA	75024 / USA

4. Date Incorporated or Qualified To Do Business in Florida: 09/16/2008

5. FEI Number: 22-3509099 (Applied For / Not Applicable)

6. CERTIFICATE OF STATUS DESIRED — $5.75 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 _____ Date _____

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
CEO	Charlie Vogt	5700 Tennyson Parkway, Suite 400	Plano, Texas 75024
CFO	Tom Cancro	5700 Tennyson Parkway, Suite 400	Plano, Texas 75024
CLO	Justin Ferguson	5700 Tennyson Parkway, Suite 400	Plano, Texas 75024

10. E-mail Address: Justin.Ferguson@dzsi.com
(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: Justin Ferguson — 1/26/2021 — 214-477-8844

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Justin Ferguson — Date — Daytime Phone #

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