

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2018 OCT 19 AM 9:48

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000319838770

CR2E081 (11/10)

DOCUMENT # F17000004388

1 Corporation Name

TOSHIBA MEMORY AMERICA, INC.

2. Principal Office Address - No P.O. Box #

2610 Orchard Parkway

Suite, Apt #, etc

City & State

San Jose, CA

Zip

95134

Country

USA

3. Mailing Office Address

5231 California Avenue

Suite, Apt #, etc

City & State

Irvine, CA

Zip

92617

Country

USA

4. Date Incorporated or Qualified To Do Business in Florida

9/29/2017

5. FEI Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

CT Corporation System

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

1200 S. Pine Island Rd

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

James M. Halpin
Assistant Secretary

REGISTERED AGENT MUST SIGN

Date 10/9/18

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
D	Toshiaki Fujikawa	2610 Orchard Pkwy	San Jose, CA 95134
P, CEO	Toshiaki Fujikawa	2610 Orchard Pkwy	San Jose, CA 95134
D	Naohisa Sano	1-1, Shibaura 1-Chome Minato-ku	Tokyo 105-0023, Japan
S, CFO	Hiroki Tahara	2610 Orchard Pkwy	San Jose, CA 95134
AS	Julius Christensen	5231 California Avenue	Irvine, CA 92617

OCT 19 2018

10. E-mail Address: jessica.blair@taec.toshiba.com

(To be used for future annual report notification)

C. SNEAD

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/8/2018

Date

408-526-2899

Daytime Phone #

CT Corp.

3458 Lakeshore Drive, Tallahassee, FL 32312
850-656-4724

Date: 10/17/18

Acc#I20160000072



Name:	<u>Joshua Memory America, Inc.</u>
Document #:	
Order #:	<u>11208554</u>

Certified Copy of Arts & Amend:	<input type="checkbox"/>	
Plain Copy:	<input type="checkbox"/>	
Certificate of Good Standing:	<input type="checkbox"/>	
	<input type="checkbox"/>	
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination: _____ Number of Certs: _____

Filing:	Certified:
	Plain:
	COGS:

Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$

758.75

Thank you!

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DEPARTMENT OF STATE
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