

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

APPROVED AND FILED

01 NOV 13 PM 1:02

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **F97000004375**

1. Corporation Name  
**3COM CORPORATION**

Principal Place of Business Mailing Address  
 5400 BAYFRONT PLAZA M/S 1308 5400 BAYFRONT PLAZA M/S 1308  
 SANTA CLARA CA 95052 SANTA CLARA CA 95052

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

REINSTATEMENT 2001

4. Date Incorporated or Qualified To Do Business in Florida	08/18/1997
5. FEI Number	94-2605794
Applied For	
Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	\$8.75 Additional Fee required for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
CCEO	<del>BENHAMOU, ERIC A</del> Clafin, Bruce	5400 BAYFRONT PLAZA	SANTA CLARA CA 95052
ASC	FRIEDMAN, RONALD B	5400 BAYFRONT PLAZA	SANTA CLARA CA 95054
D	<del>BARKSDALE, JAMES L</del> Benhamou, Eric	<del>601 E. MIDDLEFIELD RD</del> 5400 Bayfront Plaza	<del>MOUNTAIN VIEW CA 94043</del> Santa Clara, CA 95054
D	<del>GAMBELL, GORDON</del> Anderson, Fred	<del>111 W. EVELYN AVE, SUITE 101</del> 5400 Bayfront Plaza	<del>SUNNYVALE CA 94089</del> Santa Clara, CA 95054
<del>10</del> D	<del>COWELL, CASEY</del> Dorman, Dave	<del>676 N MICHIGAN AVE #3450</del> 5400 Bayfront Plaza	<del>CHICAGO IL 60611</del> Santa Clara, CA 95054
<del>10</del> D	<del>COOKE, JAMES E</del> Reddy, Raj	<del>135 S. LASALLE</del> 5400 Bayfront Plaza	<del>CHICAGO IL 60603</del> Santa Clara, CA 95054

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525		Name Street Address (P.O. Box Number is Not Acceptable) 200004690732--3 Suite, Apt. #, Etc. -11/21/01--01043--006 City State Zip Code ****750.00 ****750.00 FL	

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent *[Signature]* **SIGNATURE REQUIRED** Date 11-12-01  
 REGISTERED AGENT MUST SIGN

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., 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)(i), 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: *[Signature]* **SIGNATURE REQUIRED** Date 10/26/01 Daytime Phone # 408-326-6201  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (8/01)



ACCOUNT NO. : 072100000032  
 REFERENCE : 398238 5018935  
 AUTHORIZATION :  
 COST LIMIT : \$ PPD

ORDER DATE : November 12, 2001  
 ORDER TIME : 10:32 AM  
 ORDER NO. : 398238-005  
 CUSTOMER NO: 5018935  
 CUSTOMER: Ms. Lonnie Hanson  
 3com Corporation  
 5400 Bayfront Plaza  
 Mail Stop 1308  
 Santa Clara, CA 95052-8145

REINSTATEMENT

NAME: 3COM CORPORATION

RECEIVED  
 01 NOV 13 AM 11:23  
 DEPARTMENT OF STATE  
 DIVISION OF CORPORATIONS  
 TALLAHASSEE, FLORIDA

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

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

CONTACT PERSON: Jeanine Reynolds EXT 1133  
 EXAMINER'S INITIALS \_\_\_\_\_

