

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED

02 JUN -5 PM 2:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **F98000001739**

1. Corporation Name

**IT. Convergence, Inc.**

2. Principal Office Address

**8 California St.**

Suite, Apt. #, etc.

**5th Floor**

City & State

**San Francisco, CA**

Zip

**94111**

Country

**USA**

3. Mailing Office Address

**Same**

Suite, Apt. #, etc.

City & State

4. Date Incorporated or Qualified  
To Do Business in Florida

**March 26, 98**

5. FEI Number

**94-3293757**

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

**International Business Incorporators, Inc.**

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

**8108 SW 103 Ave.**

Suite, Apt. #, Etc.

City

**Miami**

State

**FL**

Zip Code

**33173**

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

*Travis R. J. [Signature]*  
**President**  
REGISTERED AGENT MUST SIGN

Date **May 30, 2002**

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
P/C	Patrick Krause	776 Panoramic Hwy	Mill Valley CA, 94941
T	Owen Welch	221 Francisco St	San Francisco CA 94133
V	Andrew Meinert	221 Francisco St	San Francisco CA, 94133
S	Maria Garcia	8 California St, 5Flr	San Francisco CA, 94111

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 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:

*Owen Welch [Signature]* **Owen Welch** Feb. 5, 02 415-675-7935

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/01)