

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

13 NOV 25 AM 11:07

DOCUMENT # F98000001739

1. Corporation Name

IT Convergence Inc.

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

805 Veterans Blvd.

Suite, Apt. #, etc.

Suite 216

City & State

Redwood City, CA

Zip

94063

Country

USA

3. Mailing Office Address

805 Veterans Blvd.

Suite, Apt. #, etc.

Suite 216

City & State

Redwood City, CA

Zip

94063

Country

USA

CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida

March 26, 1998

5. FEI Number

94-3293757

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED  
Yes

\$0.75; Additional Fee required for a Certificate of Status

100254204891

7. Name and Address of Current Registered Agent

Name

Corporation Service Company

[Street Address to which Mailing Number is Not Acceptable]

1201 Hays Street

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

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

*Carina L. Dunlap*

Carina L. Dunlap

Asst. Vice President

REGISTERED AGENT MUST SIGN

Date

11-25-13

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
	See Attached		

3. E-mail Address: [jloug@itconvergence.com](mailto:jloug@itconvergence.com)

(To be used for future annual report notification)

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:

*Joe Long*

Joe Long

11/22/13

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*201-426-1111*

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**Officers**

Name	Title	Address
Patrick Krause	President & CEO	c/o IT Convergence 805 Veterans Blvd., Ste 216 Redwood City, CA 94063
Andrew Meinnert	VP & Secretary	c/o IT Convergence 805 Veterans Blvd., Ste 216 Redwood City, CA 94063
Joe Long	CFO	c/o IT Convergence 805 Veterans Blvd., Ste 216 Redwood City, CA 94063

**Directors**

Name	Address
Patrick Krause	c/o IT Convergence 805 Veterans Blvd., Ste 216 Redwood City, CA 94063
Andrew Meinnert	c/o IT Convergence 805 Veterans Blvd., Ste 216 Redwood City, CA 94063
Owen Welch	c/o IT Convergence 805 Veterans Blvd., Ste 216 Redwood City, CA 94063
Sameer Kanwar	Basil Growth Corporation Kross Border Trust Services Limited S. Louis Business Centre Cnr Descroches & Louis Streets Port Louis, Mauritius