


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT  FLORIDA DEPARTMENT OF STATE
Jim Smith
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

02 NOV -1 AM 10:26

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P00000077659**

1. Corporation Name
POLYCOM TECHNOLOGY EXCHANGE. INC.

Principal Place of Business	Mailing Address
1891 PORTER LAKE DRIVE UNIT 104 SARASOTA FL 34240	1891 PORTER LAKE DRIVE UNIT 104 SARASOTA FL 34240



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

4. Date Incorporated or Qualified To Do Business in Florida	08/16/2000
5. FEI Number	04-3396659
	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
D/P	CONSTANT, KONSTANTINOS	1891 PORTER LAKE DRIVE UNIT 104	SARASOTA FL 34240
D/T	POLEDEROS, STEVEN M	1891 PORTER LAKE DRIVE UNIT 104	SARASOTA FL 34240

7000008729487
 10/31/02--01067--013 **150.00

8. Name and Address of Current Registered Agent
CONSTANT, KONSTANTINOS
 1891 PORTER LAKE DRIVE
 UNIT 104
 SARASOTA FL 34240

9. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 Suite, Apt. #, Etc.
 City State Zip Code
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. or 617.0505, F.S.

Signature of Registered Agent *KC/K* **SIGNATURE REQUIRED** Date 10/25/02
 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: K. CONSTANTINOS **SIGNATURE REQUIRED** *Konstantinos Constant* Date 10/25/02 Daytime Phone # 941-342-8832
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (802)



Polycom Technology eXchange, Inc.
1891 Porter Lake Dr. ~ Unit 104 ~ Sarasota, FL 34240 ~ USA
tel: 941-342-8832 ~ fax: 941-342-8841

October 24, 2002

Florida Department of State
Jim Smith, Secretary of State
Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

To Whom It May Concern:

We respectfully ask that the reinstatement fee be waived because we did not receive the two prior uniform business report (UBR) notices.

Thank you,

Konstantinos Constant
President