

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 AUG 29 PM 3:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 823638

1. Corporation Name

Paradyne Corporation

W08-40677

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

8545-126th Ave N

Suite, Apt. #, etc.

City & State

Largo FL

Zip
33773

Country
USA

3. Mailing Office Address

7001 Oakport St.

Suite, Apt. #, etc.

C/o Chief Financial Officer

City & State

Oakland CA

Zip
94621

Country
USA

400135144074
08/29/08--01042--006 **450.00
REINSTATEMENT 06-08

**4. Date Incorporated or Qualified
To Do Business in Florida**

08/19/1969

5. FEI Number

520891723

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 Road

Suite, Apt. #, Etc.

City
Plantation

State
FL

Zip Code
33324

☐ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

See attached

Date

REGISTERED AGENT MUST SIGN

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
CEO	Morteza Ejabat	7001 Oakport St.	Oakland CA 94621
CFO	Kirk Misaka	7001 Oakport St.	Oakland CA 94621

400135144074
08/29/08--01042--007 **600.00

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 contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Chief Executive Officer 8/13/08 510-777-7000

Date

Daytime Phone #

