



## **CORPORATION** REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE Secretary of State

DIVISION OF CORPORATIONS

FILED

08 AUG 29 PH 3: 31

SECRETARI OF STATE TALLAHASSEE, FLORIDA

DOCUMENT	#	8736	38	
Corporation Name				

Paradyne Corporation

W08-40677				No			
2. Principal Office Address - No P.O. Box # 3. Mailing Office Address			08 <b>/2</b> 9/08 <b>1</b> -31 <b>51_44</b> 07 <b>4</b> 08 <b>/</b> 29/08 <b>1</b> -31542-506 **450.00				
•			Oakport St.		DEP D STOREGE BOOK STORE		
Suite, Apt. #	≠, etc.	Suite, Apt. #, etc.	~ ~ 0 a	KEMASINIEMI O6-08			
		+	f Financial of	4. Date Incorp	orated or Qualified ness in Florida 08 19	69	
City & State	- <del></del> 1	City & State	1 00	5. FEI Number	r - Appli	ed For	
Lar	<del></del>	Oakland			- <u>に</u> り ∨ 00 1 1 1 2 1 <del>                                    </del>	\pplicable	
33 <sup>-</sup>	773 USA	210 94621	USA	6. CERTIFICATE	OF STATUS DESIRED \$8.75 Additional F. for a Certificate	ee required of Status	
<del></del> ,	7. Name and Address of	f Current Registered Agen	ıt				
Name C	T Cornaration	a Queter	<u>~</u>		instatement fee is imposed, exc		
	Iress (P.O. Box Number is Not Acceptable		7 1	<ul> <li>circumstances which the entity did not receive the prior notices. By checking this box, you</li> </ul>			
		land Ro	ad	are ce	rtifying the prior notices were	e not	
Suite, Apt.	#, Etc.				ed and requesting the reinstate waived.	ement	
city P	lantation		State Zip Code FL 33324		waiveu. , 		
8. I, being	appointed the registered agent of the abo	ve named corporation, am f	amiliar with and accept the ot	oligations of section	on 607.0505 or 617.0503, F.S.		
Signature o	of $\sqrt{00}$	we named corporation, am f	amiliar with and accept the ot	oligations of section			
	of $\sqrt{00}$	ove named corporation, am for the contract of the corporation of the c		bligations of section	on 607.0505 or 617.0503, F.S.  Date		
Signature o Registered	of $\sqrt{00}$	atuhed EGISTÉRED AGENT MUST	SIGN				
Signature o Registered	of Agent Old RE	CHULLA EGISTERED AGENT MUST d/or Director (Florida nonpro	SIGN	ast 3 directors)			
Signature of Registered  9. Names	Agent RE s and Street Addresses of Each Officer and	CHULLA EGISTERED AGENT MUST d/or Director (Florida nonpro	SIGN  Street Address of Each Officer and/or Director	ast 3 directors)	Date	74621	
Signature of Registered  9. Names	Agent RE  s and Street Addresses of Each Officer and  Name of  Officers and/or Directors	EGISTERED AGENT MUST	SIGN  Street Address of Each Officer and/or Director	ast 3 directors)  St.	Date	74621 4621	
Signature of Registered  9. Names	Agent RE  s and Street Addresses of Each Officer and Officers and/or Directors  Morteza Ejakoa	EGISTÈRED AGENT MUST	SIGN  Street Address of Each Officer and/or Director	ast 3 directors)  St. 4	Date	74621 4621	
Signature of Registered  9. Names	Agent RE  s and Street Addresses of Each Officer and Officers and/or Directors  Morteza Ejakoa	EGISTÈRED AGENT MUST	SIGN  Street Address of Each Officer and/or Director	ast 3 directors)  St. 4	City/State/Zip  Oakland CA  Dakland CA  Dakland CA	74621 4621	
Signature of Registered  9. Names	Agent RE  s and Street Addresses of Each Officer and Officers and/or Directors  Morteza Ejakoa	EGISTÈRED AGENT MUST	SIGN  Street Address of Each Officer and/or Director	ast 3 directors)  St. 4	City/State/Zip  Oakland CA  Dakland CA  Dakland CA	74621 4621	
Signature of Registered  9. Names	Agent RE  s and Street Addresses of Each Officer and Officers and/or Directors  Morteza Ejakoa	EGISTÈRED AGENT MUST	SIGN  Street Address of Each Officer and/or Director	ast 3 directors)  St. 4	City/State/Zip  Oakland CA  Dakland CA  Dakland CA	74621 4621	

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

50%

## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	FLORIDA DEPARTMENT OF STATE Secretary of State Division of Corporations				·	
DOCUMENT  1. Corporation Name	r# 8236	38				
Para(	Ine Co	mpna-A-				·
2. Principal Office Address - No P.O. Box # 3. Mailing Office Address			CP2E081 (12/07)			
Suir Apt. #. etc.	Suite, Apt. #, etc. Suite, Apt. #, etc.			CR2E081 (12/07)  4. Date Incurporated or Qualified		
City & State	City & State City & State			5. FEI Numbe	ness in Florida	Applied For
Zp	Country	Zip	Country	6. GERTIF CATE	OF STATUS DESIRED \$8.75	Not Applicable Additional Fee required Contificate of Status
	7. Name and Address of	Current Registered Ages		<u> </u>		
Name	The state of the s	Salitati valitatias Alai	**		instatement fee is impo stances which the entity	
Street Address (P.O. Bo	x Number is Not Acceptable)			•	or notices. By checking	
Suite, Apt. #, Etc.				receive	rtifying the prior noticed and requesting the waived.	
City			State Zip Code	ies de	waived.	
8. I, being appointed th Signature of Registered Agent	adres	re nymed corporation, dm	Madonna	de Cuddih Lant Secr		)8
9. Names and Street A	ddresses of Each Officer and	or Director (Floode cond	ofit corporations must list at lea	as: 3 directors)		
Titles	Name of Officers and/or Directors		Street Address of Each Officer and/or Director	)	City / State /	Z <sub>i</sub> p
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	40.					
		1				
this reinstatement at owed by the corpora on this application is	oplication, the reason for disso tion have been paid and the r	plution has been eliminated, names of individuals listed o	the corporate name satisfies	itte requirements no noitements na	pter 507 or 617, F.S. Humber cer of section 607,0401 or 617,0401 ained in Chapter 119, F.S. Thom	, F.S., inat attilees
SIGNATURE:	IGNATURE AND TYPED OR PRI	NTED NAME OF BIGNING OF	FICER OR DIRECTOR		Data Daytina	g Phranic #