

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 MAY 19 PM 2:50

DOCUMENT # 824831

**1. Corporation Name**

Sony Corporation of America  
550 Madison Avenue  
New York, NY 10022

**2. Principal Office Address**

550 Madison Avenue

**3. Mailing Office Address**

c/o SCA Legal Dept

Suite, Apt. #, etc.

Suite, Apt. #, etc.

27th floor

City & State

New York, NY

City & State

New York, NY

Zip

10022

Country

USA

Zip

10022

Country

USA

**REINSTATEMENT** 02-06  
CR2E081 (8/05)

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

7/20/70

**5. FEI Number**

13-1914734

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

Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable)  
1201 Hays Street

900074882099

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

*Laura R. Dunlap*

Laura R. Dunlap  
as its agent

Date

5/19/04

**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
D/CEO	Howard Stringer	550 Madison Avenue	New York, NY 10022
D/S	Nicole K. Seligman	550 Madison Avenue	New York, NY 10022
D/CFO	Robert Wiesenthal	550 Madison Avenue	New York, NY 10022
CTO	Philip Wiser	550 Madison Avenue	New York, NY 10022
SVP	Steven E. Kober	550 Madison Avenue	New York, NY 10022
SVP/T	Mary Jo V. Green	555 Madison Avenue	New York, NY 10022

**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:

*Steven E. Kober*

Steven E. Kober

5/16/06

212-833-6918

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #