PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 JUL 23 PM 12:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F00000001164

1. Corporation Name
STORAGE AREA NETWORKS, INC.

998

REINSTATEMENT 01-04

2. Principal Office Address	3. Mailing Office Address
9800 Mt. Pyramid Court	9800 Mt. Pyramid Court
Suite, Apt. #, etc.: Suite 130	Suite, Apt. #, etc.: Suite 130
City & State: Englewood, CO	City & State: Englewood, CO
Zip: 80112-2694 Country: United States	Zip: 80112-2694 Country: United States

4. Date Incorporated or Qualified To Do Business in Florida: 3/3/2000

5. FEI Number: 88-0409787 ☐ 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

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road

Suite, Apt. #, Etc.:

100033868816
08/04/04--01020--003 **1200.00

City: Plantation State: FL Zip Code: 33324

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: Heidi M. Kuech, Asst. Secretary Date: 6/29/04
REGISTERED AGENT MUST SIGN

CR2E031 (10/02)

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
President CEO	John Jenkins	5235 E. Princeton Avenue	Englewood, CO 80113
CFO	Robert Ogden	6042 S. Sheridan Way	Littleton, CO 80123

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: Robert Ogden 6/29/04 (303) 660-3933
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #