


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F00000002700

1. Corporation Name

ONI SYSTEMS CORP.

Principal Place of Business

Mailing Address

166 BAYPOINTE PARKWAY
SAN JOSE CA 95134

166 BAYPOINTE PARKWAY
SAN JOSE CA 95134

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

5965 Silver Creek Valley Rd

Suite, Apt. #, etc.

City & State

San Jose, CA

Zip 95138

Country

3. New Mailing Office Address, If Applicable

5965 Silver Creek Valley Rd

Suite, Apt. #, etc.

City & State

San Jose, CA

Zip 95138

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/15/2000

5. FEI Number

77-0469657

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PCD	MARTIN, HUGH C	166 BAYPOINTE PARKWAY <u>5965 Silver Creek Valley Rd</u>	SAN JOSE CA 95134 <u>San Jose, CA 95138</u>
VP	DAVIS, CHRIS	166 BAYPOINTE PARKWAY	SAN JOSE CA 95134
VP	<u>Ken Burckhardt</u>	<u>5965 Silver Creek Valley Rd</u>	<u>San Jose, CA 95138</u>
CTO	CHIN, HON WAH	166 BAYPOINTE PARKWAY	SAN JOSE CA 95134
V	CUMPSTON, RUSTY	166 BAYPOINTE PARKWAY <u>5965 Silver Creek Valley Rd</u>	SAN JOSE CA 95134 <u>San Jose, CA 95138</u>
VS	DILLON, MIKE	166 BAYPOINTE PARKWAY <u>5965 Silver Creek Valley Rd</u>	SAN JOSE CA 95134 <u>San Jose, CA 95138</u>
V	JANDRO, ROBERT J	166 BAYPOINTE PARKWAY <u>5965 Silver Creek Valley Rd</u>	SAN JOSE CA 95134 <u>San Jose, CA 95138</u>

8. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

CRAIG HUNDLEY 0000004721410--1

SPECIAL ASST SECRETARY

Date 11/15/01 ***750.00

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:

Signature Required
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/15/01

408-965-2600

CR20040 (9/01)