

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # F00000003251

1. Corporation Name

PARTHUS TECHNOLOGIES INC.

Principal Place of Business

2033 GATEWAY PLACE, SUITE 150
SAN JOSE, CA 95110

Mailing Address

2033 GATEWAY PLACE, SUITE 150
SAN JOSE CA 95110

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/07/2000

5. FEI Number

77-0506589 APPLIED FOR

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	LONG, BRIAN	30 SEAFIELD ROAD WEST	CLONTARF, DUBLIN 3
P	MCLEAN, WILLIAM A	5574 SNOWDEN PLACE	SAN JOSE CA 95138
STD	MCNAMON, PETER	32 ASHFIELD	TEMPLEOQUE, DUBLIN, IRELAND
D	PEIRCE, MICHAEL	3 KNOCKNACREE GROVE	DALKEY, CO, DUBLIN, IRELAND
CD	LONG, BRIAN	30 SEAFIELD ROAD WEST	CLONTARF, DUBLIN 3, IRELAND

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

Zip Code

500004719395-3

12/11/01-01084-011

****150.00 ****150.00

FL

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

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:

Bill McLean
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12/29/01 408-514-2921

POWERING THE MOBILE INTERNET™ Parthus Technologies Inc. 12365 RIATA TRACE PARKWAY, BUILDING 2-150, AUSTIN, TEXAS 78727
t: +1 512 249 2330 f: +1 512 249 5457 e: info@parthus.com w: www.parthus.com

Zahr

October 23, 2001



Florida Department of State
Annual Report/Reinstatement Section
PO Box 6327
Tallahassee, FL 32314-6327

Dear Sir or Madam:

We were recently forwarded a notice of dissolution for Parthus Technologies, Inc. effective September 21, 2001. Our office did not receive the annual report / uniform business report. As instructed by your office we have enclosed the annual fee of \$150.

We have updated our address on the reinstatement form to 12365 Riata Trace Parkway, Building 2-150, Austin, TX 78727.

Sincerely,

Andrea Wenholz

Andrea Wenholz
US Controller