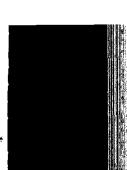
	اړ . :	PLEASE READ	ALL INST	RUCTIONS	BEFORE C	OMPLET	ING THIS FORM.		
FOR 2				A DEPARTMENT OF STATE Katherine Harris Secretary of State		t.		1 cel	て
DOCUMENT # F0000003251 Corporation Name PARTHUS TECHNOLOGIES INC. Principal Place of Business Mailing Address						FILED O1 NOV -5 PM 5: 50 SECRETARY OF STATE TALLAHASSEE FLORIDA			
SAN JOSE CA: 95110 - SAN JOSE C If above addresses are incorrect in any way, line through incorrect in New Principal Office Address, If Applicable 3. New Mailir				formation and enter correction below. 19 Office Address, If Applicable 5 Kiata Trace Kwy etc. 10 2 - 150 5. FEI Nur 77-050		4. Date Incorp To Do Busin 5. FEI Number 171-05045	89APPLIED FOR	/07/2000 Applied For Not Applicabl	
Country Zip 781: Names and Street Addresses of Each Officer and/or Director (Flo					<u> </u>	CERTIFICATE		Additional Fee requir a Certificate of Status	
Title(s)	Name of Officers and/or Directors LONG, BRIAN			Street Address of Each Officer and/or Director 3 SEAFIELD ROAD WEST			City / State / Zip CLONTARF, DUBLIN 3		
P	MCLEAN, WILLIAM A			5574 SNOWDEN PLACE			SAN JOSE CA 95138		
STD, .	STD. MCMANAMON, 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.				
0. I, being	appointed the	registered agent of the abo	ve named corpo	oration, am familiar wi		bligations of Section	FL		
ignature of egistered i	f Agent	SIGNAT		REQU	IRED		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 filling 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Destine Phone #





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

Zal

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 US Controller

