Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6384

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5368

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CORPORATION REINSTATEMENT
HARMONIC INC.

Certificate of Status	0
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13 DEC -4 PM 3:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

REINSTATEMENT

DOCUMENT # F00000003264

1. Corporation Name
Harmonic Inc.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
4300 North First Street	4300 North First Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: San Jose, CA	City & State: San Jose, CA
Zip: 95134 Country: USA	Zip: 95134 Country: USA

10-13 CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number: 77-0201147 Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED $8.75 Additional Fee (optional for a Certificate of Status)

7. Name and Address of Current Registered Agent

Name: CT Corporation System

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

Suite, Apt. #, etc.

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 _____ Date _____

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	PATRICK J. HARSHMAN	4300 North First Street	San Jose, CA 95134
CFO	CAROLYN V. AVER	4300 North First Street	San Jose, CA 95134
C	LEWIS SOLOMON	4300 North First Street	San Jose, CA 95134
D	HAROLD L. COVERT	4300 North First Street	San Jose, CA 95134
D	PATRICK GALLAGHER	4300 North First Street	San Jose, CA 95134
D	E. FLOYD KVAMME	4300 North First Street	San Jose, CA 95134

10. E-mail Address: anna.salisbury@harmonicinc.com
(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: Carolyn V. Aver CAROLYN AVER, CFO 11-5-13 408-490-6505
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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DEC 04 2013
S. PRATHER