PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
01 OCT 17 PM 6:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F00000004516

1. Corporation Name VINA TECHNOLOGIES, INC
39745 EUREKA DR
NEWARK, CA 94560

500004653265--6
-10/25/01--01049--008
****758.75 ****758.75

2. Principal Office Address	3. Mailing Office Address
Same as above	Same as Above
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida 6/2000

5. FEI Number 77-0432782 ☐ 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: C T CORPORATION System

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

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: Connie Bryan, Special Asst Sec (Connie Bryan) REGISTERED AGENT MUST SIGN Date: 10-17-01

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
Chairman	W. Michael West	39745 EUREKA DR	
Pres CEO	STEVEN BAUMAN	NEWARK, CA 94560	
CFO	STANLEY KAZMIERCZAK	Same as above	
CTO DR	JOSH SOSKE	SAME as above	
D	JOHN MALONE	Same as above	
D	PHLIP QUIGLEY	Same as above	

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: Stanley Kazmierczak 10/15/01 510 413 1333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #