
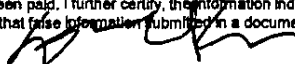


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
13 JUL 23 AM 10:20

CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F00000005277					
1. Corporation Name Bindview Development Corporation					
2. Principal Office Address - No P.O. Box # 350 Ellis Street		3. Mailing Office Address 350 Ellis Street			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Mountain View, CA		City & State Mountain View, CA			
Zip 94043	Country USA	Zip 94043	Country USA		
4. Date Incorporated or Qualified To Do Business in Florida 09/18/2000					
5. FEI Number 760306721				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 Corporation Service Company					
Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street					
Suite, Apt. #, Etc.					
City Tallahassee		State FL	Zip Code 32301		
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 7-2-13	
REGISTERED AGENT MUST SIGN					
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	
P/D	Scott C. Taylor	350 Ellis Street		Mountain View, CA 94043	
S/D	Eunice Kim	350 Ellis Street		Mountain View, CA 94043	
				S. HAWKES	
				JUL 24 2013	
				EXAMINER	
REINSTATEMENT 2006-13					
10. E-mail Address: janice_baker@Symantec.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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
07/22/13 460-527-054					