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FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM 12:27

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # F01000000199					
1. Corporation Name Flextronics International USA, Inc.					
2. Principal Office Address - No P.O. Box # 2090 Fortune Drive		3. Mailing Office Address 305 Interlocken Parkway		REINSTATEMENT CR2008 (T1008)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State San Jose, CA		City & State Broomfield, CO			
Zip 95131	Country USA	Zip 80021	Country USA		
4. Date Incorporated or Qualified To Do Business in Florida 01/11/2001					
5. FEI Number 94-3061570				Applied For ☐ Not Applicable	
6. CERTIFICATE OF STATUS DESIRED ☒ SS 75 Additional Fee required 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 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 607.0506 or 617.0503, F.S. Signature of Registered Agent <u>Hiedi M. Liesch</u> Hiedi Liesch REGISTERED AGENT MUST SIGN Assistant Secretary Date <u>10-21-08</u>					
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	Michael McNamara	2090 Fortune Drive		San Jose, CA 95131	
V	Donald Standley	305 Interlocken Parkway		Broomfield, CO 80021	
CFO/D	Paul Read	2090 Fortune Drive		San Jose, CA 95131	
S	Tim Stewart	847 Gibraltar Dr.		Milpitas, CA 95035	
D	Chris Collier	2090 Fortune Drive		San Jose, CA 95131	
10. I certify that I am an officer or director of 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 contained in Chapter 119, 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: <u>Timothy Stewart</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <u>10/21/08</u>		Daytime Phone # <u>303-927-4500</u>	

232

Florida Department of State
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CORPORATION REINSTATEMENT
FLEXTRONICS INTERNATIONAL USA, INC.

Certificate of Status	1
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