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FILED

07 MAY -9 AM 5:00

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**

 **FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS**

DOCUMENT # F01000002473

1. Corporation Name

Sequoia Voting Systems, Inc.

2. Principal Office Address - No P.O. Box #
7677 Oakport Street
Suite, Apt. #, etc.
Suite 800
City & State
Oakland, CA
Zip
94621
Country
USA

3. Mailing Office Address
7677 Oakport Street
Suite, Apt. #, etc.
Suite 800
City & State
Oakland, CA
Zip
94621
Country
USA

REINSTATEMENT 06-07

B 5/9/07
CR2E081 (1/07)

4. Date Incorporated or Qualified To Do Business in Florida DE 12/20/90

5. FBI Number 37-1274619 **Applied For** ☐ **Not Applicable** ☐

6. CERTIFICATE OF STATUS DESIRED ☒

7. Name and Address of Current Registered Agent

Name
CT Corporation System

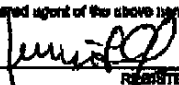
Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road

Suite, Apt. #, Etc.

City Plantation **State** FL **Zip Code** 33324

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0605 or 617.0605, F.S.

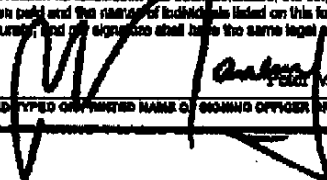
Signature of Registered Agent  **Jennifer Quinn** **Assistant Secretary** **Date** 5/9/2007

REGISTERED AGENT MUST SIGN

9. Name and Street Addresses of Each Officer and 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/D	Jack A. Blaine	7677 Oakport Street, Suite 800	Oakland, CA 94621
V/D	Peter McManemy	7677 Oakport Street, Suite 800	Oakland, CA 94621
S/D	Kevin Hurst	1001 Broken Sound Parkway	Boca Raton, FL 33487
D	Antonio Mugica	1001 Broken Sound Parkway	Boca Raton, FL 33487

10. I certify that I am an officer or director or the receiver or business manager of the corporation and I am authorized 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:  **Peter McManemy VP/CFO** **05/09/07** **510-875-1200**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone #**

FLS10 - 1/7/97 CT System Online

Florida Department of State
Division of Corporations
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CORPORATION REINSTATEMENT

SEQUOIA VOTING SYSTEMS, INC.

Certificate of Status	1
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