

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 DEC -9 AM 9:07

SECRETARY OF STATE
TALLAHASSEE, FL 32304

DOCUMENT # F01000003594

1. Corporation Name

PRIVASYS, INC.

Principal Place of Business

40 FIRST STREET, SUITE 300
SAN FRANCISCO CA 94109

Mailing Address

40 FIRST STREET, SUITE 300
SAN FRANCISCO CA 94109



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

4682 CALLE BOLERO RD

Suite, Apt. #, etc.

SUITE 1

City & State

CAMARILLO, CA

Zip

93012

Country

USA

3. New Mailing Office Address, If Applicable

4682 CALLE BOLERO

Suite, Apt. #, etc.

SUITE 1

City & State

CAMARILLO, CA

Zip

93012

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

07/09/2001

5. FEI Number

68-0433569

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PCD	ZIEGLER, JOAN	40 FIRST STREET, SUITE 300	SAN FRANCISCO CA 94109
S	PATTERSON, DAVID	40 FIRST STREET, SUITE 300	SAN FRANCISCO CA 94109
CTO	POIDOMANI, MARK	40 FIRST STREET, SUITE 300	SAN FRANCISCO CA 94109
D	MCKEE, E. STANTON	40 FIRST STREET, SUITE 300	SAN FRANCISCO CA 94109
D	SHEETS, JOHN	3000 BETHESDA PLACE, SUITE 501	WINSTON SALEM NC 27103
			100009417071 12/09/02--01046--003 **150.00

8. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

12/05/02

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., 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12/05/02 805 388.2060

CR2E040 (8/02)



December 5, 2002

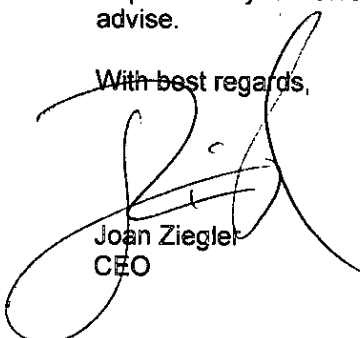
Florida Department of State
P.O. Box 6327
Tallahassee, Florida 32314

Dear Sir or Madam:

This past year the headquarters of PrivaSys moved from San Francisco, California to Camarillo, California. In that move we did not receive the necessary information to remain a company in good standing in Florida.

We want to be re-instated. To that end, we have enclosed the attached documentation. We request that you waive any fee as the documents did not reach us at our new address. Please advise.

With best regards,



Joan Ziegler
CEO