

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 NOV -7 PM 4:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F01000003858

1. Corporation Name

DELAWARE NETWORK ASSOCIATES INC.

Network Associates, Inc d-b-a

Principal Place of Business

Mailing Address

3965 FREEDOM CIRCLE
SANTA CLARA CA 95054

3965 FREEDOM CIRCLE
SANTA CLARA CA 95054



REINSTATEMENT 2002

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

07/23/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

77-0316593

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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 C/D	SAMENUK, GEORGE	3965 FREEDOM CIRCLE	SANTA CLARA CA 95054
	SAMENUK, GEORGE	3965 FREEDOM CIRCLE	SANTA CLARA CA 95054
V P	NELSON, ZACHARY	3965 FREEDOM CIRCLE	SANTA CLARA CA 95054
	HODGES, GENE	3965 FREEDOM CIRCLE	SANTA CLARA CA 95054
S	ROBERTS, KENT	3965 FREEDOM CIRCLE	SANTA CLARA CA 95054
D D	HARPER, ED	3965 FREEDOM CIRCLE	SANTA CLARA CA 95054
	DUTKOWSKY, ROBERT	3965 FREEDOM CIRCLE	SANTA CLARA CA 95054
D	DENEND, LES	3965 FREEDOM CIRCLE	SANTA CLARA CA 95054
D D	GEMMEL, VIRGINIA	3965 FREEDOM CIRCLE	SANTA CLARA CA 95054
	PAUGIA, ROBERT	3965 FREEDOM CIRCLE	SANTA CLARA CA 95054

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

400008872614
11/07/02--01073--001 **758.75

Date

11/05/02

MICHAEL E. JONES, ASST. SECRETARY
REGISTERED AGENT MUST SIGN

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:

Kent H. Roberts

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/30/02 972-855-2547

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Title(s) 1	Name of Officers And/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
COO/ CFO	RICHARDS, STEPHEN	3965 FREEDOM CIRCLE	SANTA CLARA CA 95054
D	WILSON, LIANE	3965 FREEDOM CIRCLE	SANTA CLARA CA 95054