

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

03 JAN 16 AM 10:00

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # **F01000006182**

1. Corporation Name

**SPYRUS, INC.**

Principal Place of Business

2355 OAKLAND ROAD, SUITE 1  
SAN JOSE CA 95131

Mailing Address

2355 OAKLAND ROAD, SUITE 1  
SAN JOSE CA 95131

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

12/04/2001

5. FEI Number

77-0321591

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
CEO	PONTIUS, SUE	520 HIGH DRIVE	LAGUNA BEACH CA 92651
D	DICKENS, TOM	520 HIGH DRIVE	LAGUNA BEACH CA 92651
D	MILLER, JOHN	208 KENSINGTON ROAD	GARDEN CITY NY 11530
<del>D</del>	<del>MEIER, BERND</del>	<del>ABABELLA STRABE 6, 81925</del>	<del>MUNCHEN GERMANY</del>
D	ALMOJUELA, EDWARD	11160 ANDERSON LANDING NW	SILVERDALE WA 98383
D	SOLANO, SCOTT	190 THATCHERS HILLS ROAD	FLEMINGTON NJ 08822
<del>D</del>	<del>EFTHYMIU, NICHOLAS</del>	<del>2160 VISCAYA CIRCLE</del>	<del>CAMPBELL CA 95008</del>

8. Name and Address of Current Registered Agent

CARLISLE, REID  
1728 BRIGHTWATERS BLVD., NE  
ST. PETERSBURG FL 33704

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]*  
**SIGNATURE REQUIRED**  
REGISTERED AGENT MUST SIGN

Date 1-6-2003

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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Edward N. Almojuela 10/30/02 408-953-0700

CP2E040 (8/02)