


2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F02000000285		
1. Entity Name SONUS NETWORKS, INC.		

FILED

08 APR 17 AM 9:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
700121255417
03/25/08--01055--010 **150.00



Principal Place of Business 7 TECHNOLOGY PARK DRIVE WESTFORD, MA 01886-3141 US	Mailing Address 7 TECHNOLOGY PARK DRIVE WESTFORD, MA 01886-3141 US
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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10312007 REIN-P CR2E098 (1/07)

City & State	City & State
Zip	Country

4. FEI Number 04-3387074	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City 700121255417 05/07/08 01043 011 **150.00 FL Zip Code	
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u>Madonna Cuddihy</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signatures required when reinstating)		DATE <u>3/19/08</u> Special Assistant Secretary
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FILE NOW!!! FEE IS \$150.00 After January 1, 2008, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO AHMED, HASSAN 250 APOLLO DRIVE CHELMSFORD, MA 01824 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCOO NOTINI, ALBERT N 250 APOLLO DRIVE CHELMSFORD, MA 01824 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS GRAY, CHARLES 250 APOLLO DRIVE CHELMSFORD, MA 01824 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDERSON, ED 250 APOLLO DRIVE CHELMSFORD, MA 01824 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CUNNINGHAM, JOHN 250 APOLLO DRIVE CHELMSFORD, MA 01824 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7 Technology Park Drive Westford, MA 01886-3141
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition CFO Richard Gaynor 7 Technology Park Drive Westford, MA 01886-3141
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7 Technology Park Drive Westford, MA 01886-3141
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7 Technology Park Drive Westford, MA 01886-3141
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7 Technology Park Drive Westford, MA 01886-3141
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	
SIGNATURE: <u>Charles J. Gray</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE <u>3-10-08</u> DAYTIME PHONE # <u>978-614-8505</u>