

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F02000005438

1. Corporation Name

INTERNATIONAL NETWORK SERVICES INC.

Principal Place of Business

Mailing Address

~~C/O LEGAL OF TAX DEPT.~~
~~275 GIBRALTAR DR.~~
~~SUNNYVALE CA 94089~~

~~C/O LEGAL OF TAX DEPT.~~
~~275 GIBRALTAR DR.~~
~~SUNNYVALE CA 94089~~

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

2. New Principal Office Address, If Applicable

1600 Memorex Drive

Suite, Apt. #, etc.

Suite 200

City & State

Santa Clara, CA

Zip 95050

Country US

3. New Mailing Office Address, If Applicable

1600 Memorex Drive

Suite, Apt. #, etc.

Suite 200

City & State

Santa Clara, CA

Zip 95050

Country US

4. Date Incorporated or Qualified To Do Business in Florida

10/30/2002

5. FEI Number

01-0729881

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
PD	BUTZE, DAVID M	275 GIBRALTAR DR. 1600 Memorex Drive Ste 200	SUNNYVALE CA 94089 Santa Clara, CA 95050
VP	KELBERG, JULIA	275 GIBRALTAR DR. 1600 Memorex Drive Ste 200	SUNNYVALE CA 94089 Santa Clara, CA 95050
S	KERSTEN, MONTGOMERY	275 GIBRALTAR DR. 1600 Memorex Drive Ste 200	SUNNYVALE CA 94089 Santa Clara, CA 95050
AS	GALLAGHER, DANIEL J	275 GIBRALTAR DR. 1600 Memorex Drive Ste 200	SUNNYVALE CA 94089 Santa Clara, CA 95050
C	Berg, Carl E.	10050 Bardley Drive	Cupertino, CA 95014

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

Name

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

Suite, Apt. #, Etc.

City

400029817164
03/03/04--01054--0106
FL

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

Cynthia L. Harris

Cynthia L. Harris
as its agent

REGISTERED AGENT MUST SIGN

Date

4/1/04

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]

VP-FINANCE

2/25/04

408-330-2752

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #