PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
07 NOV 27 PM 1:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F02000005887

REINSTATEMENT 04-07
CR2E081 (1/07)

1. Corporation Name

BUFFALO TECHNOLOGY (USA) INC.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
11100 METRIC BLVD	11100 METRIC BLVD
Suite, Apt. #, etc. SUITE 750	Suite, Apt. #, etc. SUITE 750
City & State AUSTIN TEXAS	City & State AUSTIN TEXAS
Zip 78758 Country USA	Zip 78758 Country USA

4. Date Incorporated or Qualified To Do Business In Florida 11/21/2002

5. FEI Number 742270338 ☒ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: C T Corporation System

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road

Suite, Apt. #, Etc.:

City: Plantation, State: FL Zip Code: 33324

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent Jane Zachritz Date 11/15/07

REGISTERED AGENT MUST SIGN Jane Zachritz Assistant Secretary

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
CEO	TAKAYUKI NISHIOKA	11100 METRIC BLVD #750	AUSTIN TX 78758

100112501471
11/27/07--01024--019 **1200.00

10. 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 contained in Chapter 119, 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: T. Nishioka 11/15/07 (512)349-1500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #