

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 MAY -2 AM 11:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F03000003025

1. Corporation Name

Business Objects Americas *Corporation*

000102634990
05/16/07--01027--004 **\$600.00

000102634990
05/16/07--01027--003 **\$600.00

REINSTATEMENT

2. Principal Office Address

3030 Orchard Parkway

Suite, Apt. #, etc.

City & State

San Jose, CA

Zip

95134

Country

3. Mailing Office Address

3030 Orchard Parkway

Suite, Apt. #, etc.

City & State

San Jose

Zip

95134

Country

4. Date Incorporated or Qualified

To Do Business in Florida 6/18/2003

5. FEI Number

94-3144290

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

CT Corporation *System*

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

Suite, Apt. #, Etc.

City

Plantation

State
FL

Zip Code
33324

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

**Jennifer Quinn
Assistant Secretary**

Date

4/27/07

REGISTERED AGENT MUST SIGN

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
President	John Schwarz	3030 Orchard Parkway	San Jose, CA 95134
Director	John Schwarz	3030 Orchard Parkway	San Jose, CA 95134
CFO	James Tolonen	3030 Orchard Parkway	San Jose, CA 95134
Secretary	Brian Stine	3030 Orchard Parkway	San Jose, CA 95134

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/07

Date

408 953 6000

Daytime Phone #