2005 FOR PROFIT CORPORATION REINSTATEMENT

REINSTATEMENT								i FELED					
DOCUMENT # F04000004525								المعا مدا ودي ا					
1. Entity Name SOVEREIGN INVESTMENT COMPANY								05 OCT 19 PM 4: 02					
									LECKE A		TSIAIL		
Principal Place of Business				Mailing Address					MIL/HA		* ContUA		
777 CALIFORNIA AVE. PALO ALTO, CA 94304				777 CALIFORNIA AVE. Palo alto, ca 94304				1 18 R (190 + 11)	i kalit alan avin sain sai	ii Pant Apin		(BB) 41 4 25	
2. Principal Place of Business				3. Mailing Address				OEIN					
Suite, Apt. #, etc.				Suite, Apt. #, etc.				10102005	REIN-P		2E098 (6/04)	705	
City & State				City & State				4. FEI Number 34	^{er} 19755	19	No	plied For t Applicable	
Zip	Country			Zip Cour		itry	5. Certifica		of Status Desired		\$8.75 Addi Fee Required		
6. Name and Address of Current Registered Agent Name									Address of New R	egistered	d Agent		
CORPORATION SERVICE COMPANY						Nameral services INC.							
1201 HAYS		T 32301-2525					Address (P.O. Box Number is Not Acceptable) SI EXECUTIVE HANK DIVE						
						-	Suite 4						
8. The above named entity submits this statement for the purpose of changing its registered office or register									4 1 0 0 1 (5)	<u> </u>	_ 3,333	1	
		ty submits this stater tered agent.			<u> </u>		•	•	th, in the State of Fi	maa. Tar ,	n lamiliar with, i	and accept	
12 Balman-Assistant Course track 10-17-05													
0,0,1,1,0,1,2	SIGNATURE Signature, typed or printed name of registered opera and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE												
FiLE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$300.00									In accordance of corporation did				
10.		OFFICER	S AND DIRE	CTORS	11.			ADDITIONS	I /CHANGES TO OFF	ICERS AI	ND DIRECTORS	6 IN 11	
TITLE NAME	C	CEORCE		☐ Delete	TITL						☐ Change	Addition	
STREET ADDRESS	777 CALI	S, GEORGE FORNIA AVE.			EET ADDRESS		1 1 70	00061 1/050102)6 6	511	മറ		
CITY-ST-ZIP	VCP	TO, CA 94304		☐ Delete	-ST-ZIP E		11/0	17:030102:	<u></u>	○ 不不1つい □ Change	_ UU Addition		
NAME		ES, PETER		□ Ocicio	AE .		J ,	ernarra arrago en la	, ,, ,	_ *			
STREET ADDRESS CITY-ST-ZIP		AGE BLVD., SUIT FON, NJ 08540	E 200			EET ADDRESS '-ST-ZIP		1170	P.95-51.02	300°	.⇒ (>) 4 **8.7!	5	
TITLE	DV		☐ Delete	TITL						☐ Change	Addition		
NAME STREET ADDRESS		, JEFFREY FORNIA AVE.		NAM STRE	ie Eet address								
CITY-ST-ZIP	1	TO, CA 94304				-ST-ZIP							
TITLE	D	DONAL D		☐ Delete	TITL						Change	☐ Addilion	
NAME STREET ADDRESS	1	, DONALD FORNIA AVÉ.			NAM STRE	EET ADDRESS							
CITY-ST-ZIP	PALO AL	TO, CA 94304			CITY	'-ST-ZIP							
TITLE NAME	S KENNIS	ROBERT		☐ Delete	TITL						☐ Change	☐ Addition	
STREET ADDRESS] '	FORNIA AVE.			STRI	EET ADDRESS							
CITY+ST-ZIP	PALO AL	TO, CA 94304			_	'-ST-ZIP							
TITLE NAME		(☐ Delete	TITL NAM						Change	Addition	
STREET ADDRESS		1		•)		EET ADDRESS							
CITY-ST-ZIP	Certify that #	ne information europi	d with thin	filing does not qualify to		r-ST-ZIP	d in Sa	ection 119.07/21	(i) Florida Statutos	Lfurther	pertify that the in	nformation	
indicated of the co	l on this report on this report or the report of the repor	ort or supplemental r the receiver or truste	epo (is true e empower	and accurate and that is a second to execute this report	ny cigna as requ	iture shall havired by Chap	ter 607	same legal effe , Florida Stetuti	ct as if made under es; and that my nam	oath; that	I am an officer is in Block 10 or	or director Block 11 if	
12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). 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 ampowered 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 addition, with 41 of the ke empowered. Secretary Rowert H. KMMS													
SIGNATURE: X 1 V 3 POWER P 1 P 1													
		SIGNATURE AND TY	PED OR PRINTE	ED NAME OF SIGNING OFFICER	OR DIREC	TÓR			Date		Daytime Phone #		