FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

08 NOV -4 AM 9:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

REINSTATEMENT 07-08 KS

CR2E081 (12/07)

DOCUMENT # P06000007413

1. Corporation Name
Micrus Design Technology, Inc.

2. Principal Office Address	No P.O. Box #	3. Mailing Office Address	
821 Fox Lane		821 Fox Lane	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: San Jose		City & State: San Jose, CA	
Zip: 95131	Country: USA	Zip: 95131	Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 11/29/2006

5. FEI Number: 20-5927564 ☐ 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: Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable): 1201 Hays Street

Suite, Apt. #, Etc.:

City: Tallahassee | State: FL | Zip Code: 32301

☐ 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: Harry B. Davis — REGISTERED AGENT MUST SIGN — Asst. Vice President — Date: 11/4/08

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
D/CEO	John T. Kilcoyne	821 Fox Lane	San Jose, CA 95131
D/P/COO	Robert A. Stern	821 Fox Lane	San Jose, CA 95131
CFO	Gordon T. Sangster	821 Fox Lane	San Jose, CA 95131

10. I certify that I am an officer or director of the retainer 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 the 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: _____ Nov 3, 2008 (408) 433-1400

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

Florida Department of State
Division of Corporations
Public Access System

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To:
Division of Corporations
Fax Number : (850)617-6384

From:
Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850)521-1000
Fax Number : (850)558-1575

CORPORATION REINSTATEMENT

MICRUS DESIGN TECHNOLOGY, INC.

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	$908.75

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