Florida Department of State

Division of Corporations

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

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)208-0845

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

CORPORATION REINSTATEMENT
RECON INSTRUMENTS INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	$900.00

JAN 25 2017

R. HUNT

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CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2017 JAN 25 PM 3:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F15000004260

1. Corporation Name
Recon Instruments Inc.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
666 Burrard St	2200 Mission College Blvd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Suite 1700 Park Place	
City & State	City & State
Vancouver	Santa Clara
Zip / Country	Zip / Country
BC V6C 2X8 / Canada	CA / 95054

4. Date Incorporated or Qualified To Do Business in Florida
09/25/2015

5. FEI Number — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED — $6.25 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 / State / Zip Code
Plantation / FL / 33324

REINSTATEMENT

JAN 25 2017

R. HUNT

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: Maria Ozaeta — Maria Ozaeta, Vice President — Date: 1/24/17

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
Director	Andrea de Lagniant	2200 Mission College Blvd	Santa Clara, CA 95054
Presider	Ronald D. Dickel	2200 Mission College Blvd	Santa Clara, CA 95054
Vice Pr	Dan Eisenhardt	2200 Mission College Blvd	Santa Clara, CA 95054
Treasur	Ravi Jacob	2200 Mission College Blvd	Santa Clara, CA 95054
Secrem	Jared Ross	2200 Mission College Blvd	Santa Clara, CA 95054
Assista	Tiffany Doon Silva	2200 Mission College Blvd	Santa Clara, CA 95054

10. **E-mail Address:** olhax.tokalenko@intel.com
(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: Tiffany Doon Silva — 01/20/2015 — 408-765-7573
SIGNATURE AND TYPED OR PRINTED NAME OF ACTING OFFICER OR DIRECTOR — Tiffany Doon Silva — Date — Daytime Phone #