

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

'00 OCT 30 AM 10:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F95000002425

1. Corporation Name

ZUKEN-REDAC INC.

Principal Place of Business

Mailing Address

~~2041 MISSION COLLEGE BLVD.~~  
~~SUITE 260~~  
~~SANTA CLARA CA 95054~~

~~2041 MISSION COLLEGE BLVD.~~  
~~SUITE 260~~  
~~SANTA CLARA CA 95054~~

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

238 Littleton Rd

3. New Mailing Office Address, If Applicable

238 Littleton Rd

Suite, Apt. #, etc.

Suite 100

Suite, Apt. #, etc.

Suite 100

City & State

Westford MA

City & State

Westford MA

Zip

01886

Country

USA

Zip

01886

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

05/17/1995

5. FEI Number

77-0005828

Applied For

Not Applicable

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

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City, State, Zip 4
<del>8</del>	<del>FAN, ERIC</del>	<del>2041 MISSION COLLEGE BLVD., SUITE</del>	<del>SANTA CLARA CA 95054</del>
<del>PD</del>	<del>WATANABE, KEIICHI</del>	<del>225-1 EDAMICASHI, TSUZUKI-KU</del>	<del>YOKOHAMA 225 JAPAN</del>
<del>VPMS</del>	<del>SLINEY, JOHN</del>	<del>2041 MISSION COLLEGE BLVD, SUITE</del>	<del>SANTA CLARA CA 95054</del>
S	Anthony Dias	238 Littleton Rd suite 100 <del>Westford MA</del>	Westford MA 01886
D	Yusuke Sakata	238 Littleton Rd suite 100	Westford MA 01886
D	Jinya Katsube	238 Littleton Rd suite 100	Westford MA 01886

8. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS ST.  
SUITE 105  
TALLAHASSEE FL 32301

9. Name and Address of New Registered Agent

Name **REINSTATEMENT DU 178**  
Street Address (P.O. Box Number is not Acceptable)  
Suite, Apt. #, Etc.  
City State Zip Code  
**FL**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

*Deborah D. Skipper*

Deborah D. Skipper  
as its agent

Date 10-20-00

REGISTERED AGENT MUST SIGN

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., 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 under section 119.07(3)(i), 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

Anthony Dias

10/18/00  
Date

978-692-4900  
Daytime Phone #

CR2E040 (8/00)