

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 AUG -4 AM 8:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F95000005497**

1. Corporation Name

Flextronics USA, Inc.

2. Principal Office Address

6273 Monarch Park Place

Suite, Apt. #, etc.

200

City & State

Niwot CO

Zip

80503

Country

USA

3. Mailing Office Address

2090 Fortune Dr.

Suite, Apt. #, etc.

City & State

San Jose CA

Zip

95131

Country

USA

200022293402

08/13/03--01072--023 **908.75

**4. Date Incorporated or Qualified
To Do Business in Florida**

11-9-95

5. FEI Number

16-1318758

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

Citip Corporation (Systeim)

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

1200 Southern Pine Island Road

Suite, Apt. #, Etc.

City

REINSTATEMENT 12-18

State

FL

Zip Code

32364

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

Connie Bryon
Connie Bryon, Special Asst. Secy.

Date 8-4-03

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
D,P	McNamara, Michael	2090 Fortune Dr.	San Jose CA 95131
D,CFO	Smach, Thomas	2090 Fortune Dr.	San Jose CA 95131
D	Dykes, Robert	2090 Fortune Dr.	San Jose CA 95131
VPF	Read, Paul	2090 Fortune Dr.	San Jose CA 95131
S	Stewart, Timothy	2090 Fortune Dr.	San Jose CA 95131
AS	Collier, Chris	2090 Fortune Dr.	San Jose CA 95131

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 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:

Timothy L. Stewart

Timothy L. Stewart

7-22-03

408.576.1954

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)