

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F96000003869

1. Corporation Name

GLOBESPANVIRATA, INC.

FILED

02 NOV 19 PM 4: 03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

Mailing Address

100 SCHULTZ DR
RED BANK NJ 07701
US

100 SCHULTZ DR
RED BANK NJ 07701
US

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

2. New Principal Office Address, If Applicable

100 SCHULTZ Drive

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

100 SCHULTZ Drive

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

02

4. Date Incorporated or Qualified
To Do Business in Florida

07/31/1996

5. FEI Number

75-2658218

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
P	GEDAY, ARMANDO	100 SCHULTZ DR	RED BANK NJ 07701
VST	MCMULLAN, ROBERT	100 SCHULTZ DR	RED BANK NJ 07701
V	ARETAKIS, NICHOLAS	100 SCHULTZ DR	RED BANK NJ 07701

400009089504
11/20/02--01002--006 **750.00

8. Name and Address of Current Registered Agent

UCC FILING & SEARCH SERVICES, INC.
526 E. PARK AVENUE, SUITE 200
TALLAHASSEE FL 32301

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

Ed Geday
REGISTERED AGENT MUST SIGN

Date

11/19/02

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:

Robert M. Mullin
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/4/02

Daytime Phone #

732-345-7500

CR2E040 (8/02)