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CT CORPORATION

CT CORPORATION SYSTM

925 287 9801

PAGE 02/03

P.02

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F96000004466			
1. Corporation Name P-COM, INC.			
2. Principal Office Address 1996 Lundy Ave		3. Mailing Office Address 1996 Lundy Ave	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State San Jose, CA		City & State San Jose, CA	
Zip 95131	Country USA	Zip 95131	Country USA
4. Date Incorporated or Qualified to Do Business in Florida 08/29/1996		5. FED Number 770289371	
6. CERTIFICATE OF STATUS DESIRED ☒		Applied For Not Applicable	
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 Plantation		State FL	Zip Code 33324
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0605 or 617.0505, F.S.			
Signature of Registered Agent		NASEEM A. CONDE	
REGISTERED AGENT MUST SIGN SPECIAL ASST. SECRETARY			
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	Daniel W Rumsey	1996 Lundy Ave	San Jose, CA 95131
P	Don Meiners	1996 Lundy Ave	San Jose, CA 95131
V	Carlos Belfiore	1996 Lundy Ave	San Jose, CA 95131
V	Jim Bletas	1996 Lundy Ave	San Jose, CA 95131
C	George P Roberts	1996 Lundy Ave	San Jose, CA 95131
D	Richard Reiss	1996 Lundy Ave	San Jose, CA 95131
10. I certify that I am an officer or director of 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 disqualification 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)(f), 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:		9/21/05 408-993-9268	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

09/22/2005 12:06
SEP-21-2005 15:56

8508785926
CT CORPORATION

CT CORPORATION SYSTM

925 297 9801

PAGE 03/03
P.03

2 of 3

Attachment:

Names and Street Addresses of Each Officer and/or Director

Director	Frederick Fromm	1996 Lundy Ave, San Jose, CA 95131
Director	R. Craig Roos	1996 Lundy Ave, San Jose, CA 95131

Division of Corporations

Page 1 of 1

3 of 3

Florida Department of State
Division of Corporations
Public Access System

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To:

Division of Corporations
Fax Number : (850) 205-0384

From:

Account Name : C T CORPORATION SYSTEM
Account Number : PCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5926

CORPORATION REINSTATEMENT

P-COM, INC.

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