PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE **APPLICATION** FILED **Katherine Harris FOR** Secretary of State 99 DEC 21 PM 1:48 REINSTATEMENT DIVISION OF CORPORATIONS SECRETARY OF STATE
TALLAHASSEE, FLORIDA DOCUMENT # 1. Corporation Name 003099507---01/14/00--01088--009 Vienna Systems Inc. ****450.00 ****450.00 --700003099507 -01/14/00--01088 Principal Place of Business Mailing Address ****450.00 ****450.00 REINSTATEMENT If above addresses are incorrect in any way, line through incorrect information and enter correction below. 3. New Mailing Office Address, If Applicable 2. New Principal Office Address, If Applicable 4. Date Incorporated or Qualified 6000 Connection Dr. To Do Business in Florida 4-23-97 Suite, Apt. #, etc. 5. FEI Number Applied For 54-1825646 City & State Not Applicable Irving, TX6 \$8.75 Additional Fee required Country USA Country CERTIFICATE OF STATUS DESIRED 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) Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) Name of Officers and/or Directors City / State / Zip 315 Fairchild Drive Mountain View, CA 94043 Pekka Lundmark 313 Fairchild Drive Mountain View, CA 94043 Kent Elliott Kerry Hawkins Kanata, Ontario K2K 2X2 Canada 400-555 Legget Drive 400-555 Legget Drive Kanata, Canada Ontario K2K 2X2 Richard Monkman Penny Parker 6000 Connection Dr. Irving, TX75039 Richard Hutchins 6000 Connection Dr. Irving, 75039 TX 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent CT Corporation National Registered Agents, Inc. 1200 South Plantation Road Street Address (P.O. Box Number is Not Acceptable) 2R2E081 212 Merchant Street Plantation, FL 33324 Suite, Apt. #, Etc. Suite 303 State Zip Code 32301 Tallahassee 10. I. being appointed the registered Agent of the apolye ratine) corporation, am familiar with and accept the obligations of Section 607.0505, F.S Date ____12/20/99 11. This corporation owes the current year (See other side for information

Suite, Apt. #, etc.

City & State

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Title(s)

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Signature of

Intangible Personal Property Tax due June 30.

(asst.)

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12. 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 filling 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.

Yes ☒ No ☐

on intangible tax.)

Richard Hutchins, Assistant Secretary
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-07-99 972-894-5658 SIGNATURE: