

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 JAN 13 AM 8:00

DOCUMENT # F97-00000 4118

1. Corporation Name

NATIONAL TELEMAGEMENT CORPORATION

300027377703
01/22/04--01007--021 **1058.75

REINSTATEMENT

01-23
MRS

2. Principal Office Address

2777 STEMMONS FREEWAY

Suite, Apt. #, etc.

SUITE 700

City & State

DALLAS, TEXAS

Zip

75207

Country

USA

3. Mailing Office Address

487 E MIDDLEFIELD RD

Suite, Apt. #, etc.

City & State

MOUNTAIN VIEW CA

Zip

94043

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

75-2051548

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

CT 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 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Donald H Boadway

Special Asst Secty

REGISTERED AGENT MUST SIGN

Date 12/29/2003

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

See attached

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:

JEFFREY BERGMANN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

650-426-9578

Date

Daytime Phone #

1/5/04

CR2E081 (10/02)

292

National Telemanagement Corporation

DIRECTORS

Stratton D. Slavos
487 East Middlefield Road
Mountain View, CA 94043

Director/ Chairman of the Board

James Michael Ulam
487 East Middlefield Road
Mountain View, CA 94043

Director

OFFICERS

Stratton D. Slavos
487 East Middlefield Road
Mountain View CA 94043

President

James Michael Ulam
487 East Middlefield Road
Mountain View, CA 94043

Secretary/Treasurer

Jeffrey Bergmann
487 East Middlefield Road
Mountain View, CA 94043

Assistant Secretary