

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 JUN 21 PM 4:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F97000004838

1. Corporation Name
Ed Learning Systems, Inc.

2. Principal Office Address
4150 Network Circle

3. Mailing Office Address
4150 Network Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Santa Clara, CA

City & State
Santa Clara, CA

Zip Country
95054 USA

Zip Country
95054 USA

4. Date Incorporated or Qualified
To Do Business in Florida 09/17/1997

5. FEI Number
62-1516706

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
Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable)
1201 Hays Street

300056413833

Suite, Apt. #, Etc.

City
Tallahassee

State
FL

Zip Code
32301

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

V. Villarreal

Date 6/17/05

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/S	Brian M. Martin	4150 Network Circle	Santa Clara, CA 95054
D/V	Robyn M. Denholm	4150 Network Circle	Santa Clara, CA 95054
V/T	W. David Wilson	4150 Network Circle	Santa Clara, CA 95054
AS	Irma Villarreal	4150 Network Circle	Santa Clara, CA 95054

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:

Irma Villarreal

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/14/05
Date

650.786.3389
Daytime Phone #

CR2E081 (01/04)



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032
REFERENCE : 438946 7470063
AUTHORIZATION :
COST LIMIT : \$ 1050.00

Patricia Payne

ORDER DATE : June 20, 2005
ORDER TIME : 11:39 AM
ORDER NO. : 438946-005
CUSTOMER NO: 7470063
CUSTOMER: Simona B. Katcher
Sun Microsystems, Inc.
4120 Network Circle
M/s Usca 12-202
Santa Clara, CA 95054

ANNUAL REPORT FILING

NAME: ED LEARNING SYSTEMS, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
XX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea - Ext. 2914

EXAMINER'S INITIALS:

RECEIVED
05 JUN 21 PM 2:40
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA