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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 APR 22 AM 9:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **f98000001543**

1. Corporation Name
QUANTUM3D, INC.

2. Principal Office Address 6330 SAN IGNACIO AVE.		3. Mailing Office Address Same	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State SAN JOSE, CA		City & State	
Zip 95119	Country U.S.A.	Zip	Country

REINSTATEMENT ⁰²⁻⁰⁵

4. Date Incorporated or Qualified To Do Business in Florida **11/8/1994**

5. FEI Number **77-0389868**

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 ST.

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 _____ Date _____

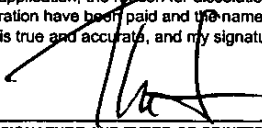
REGISTERED AGENT MUST SIGN

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
PRESIDENT	ROSS SMITH	209 WEBSTER ST.	PALO ALTO, CA 94301
VP FINANCE	TOM KAIS	5373 SILVER VISTA WAY	SAN JOSE, CA 95138

800053932878
05/08/05--01006--020 **\$500.00

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:  **4/13/05** Date **(408) 361-9842** Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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