

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

02 FEB -4 PM 4:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F98000006177

1. Corporation Name

BCS Wireless, Inc.

2. Principal Office Address

98 Hwy 69N

Suite, Apt. #, etc.

City & State

New Glarus, WI

Zip

53574

Country

USA

3. Mailing Office Address

149 Commonwealth Drive

Suite, Apt. #, etc.

City & State

Menlo Park, CA

Zip

94025

Country

USA

REINSTATEMENT

2001-2002

**4. Date Incorporated or Qualified
To Do Business in Florida**

11/9/98

5. FEI Number

391571965

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

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32314

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

Deborah D. Skipper

Deborah D. Skipper
Asst. V. Pres.

Date **2-4-02**

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
PD	Michael R. Gaulke	149 Commonwealth Drive	Menlo Park, CA 94025
S	Richard L. Schlenker	149 Commonwealth Drive	Menlo Park, CA 94025

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:

Richard L. Schlenker

Richard L. Schlenker, Secretary

1/24/02

(650) 326-9400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



ACCOUNT NO. : 072100000032

REFERENCE : 181440 7213497

AUTHORIZATION :

COST LIMIT : \$ 908.75

ORDER DATE : January 31, 2002

ORDER TIME : 2:30 PM

ORDER NO. : 181440-005

CUSTOMER NO: 7213497

CUSTOMER: Alla Kagan, Legal Asst
Heller Ehrman White &
Seventh Floor
4350 La Jolla Village Drive
San Diego, CA 921221246

REINSTATEMENT

NAME: BCS WIRELESS, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Darlene Ward

EXAMINER'S INITIALS _____