

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

APPROVED  
AND  
FILED

01 MAY 22 PM 1:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **F99000002819**

1. Corporation Name

**RESUMIX, INC.**

Principal Place of Business

Mailing Address

890 ROSS DRIVE  
SUNNYVALE CA 94089

~~890 ROSS DRIVE~~  
~~SUNNYVALE CA 94089~~



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

06/02/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

406 West 31st 9th Floor

5. FEI Number

41-1915534

Applied For

Not Applicable

City & State

City & State

New York, NY

Zip

Country

Zip

10001

Country

U.S.A.

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
GP P	CIESINSKI, STEPHEN Dimitri Boylan	890 ROSS DRIVE 406 W. 31st St., 9th Floor	SUNNYVALE CA 94089 New York, NY 10001
VP T	AMERI, AMIR Lowell Robinson	890 ROSS DRIVE 406 W. 31st St., 9th Floor	SUNNYVALE CA 94089 New York, NY 10001
S	MANOLIU, ANDREI David Brensilber	3000 EL CAMINO REAL 406 W. 31st St., 9th Floor	PALO ALTO CA 94306 New York, NY 10001
VP	BARNETTE, DONALD	890 ROSS DRIVE	SUNNYVALE CA 94089
VP	DOSCHER, PAUL	890 ROSS DRIVE	SUNNYVALE CA 94089
VP	FUKUYAMA, DENNIS	890 ROSS DRIVE	SUNNYVALE CA 94089

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

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

33324

10. I, being appointed the registered agent for the above named corporation, do hereby accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

*Patrick A. Nolan*  
REGISTERED AGENT MUST SIGN

Patrick A. Nolan

Assistant Secretary

Date

4/3/2001

11. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



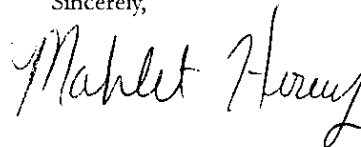
April 30, 2001

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Dear Sir or Madam:

Enclosed, please find on Application for Reinstatement for Resumix, Inc. and one check in the amount of \$900 made payable to the Florida Department of State. If you have any questions concerning this matter, please feel free to contact me at (917) 438-2678 or email me at [mhiruy@hotmail.com](mailto:mhiruy@hotmail.com). Thank you very much.

Sincerely,



Mahlet Hiruy  
Legal Assistant