

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # F99000003465

1. Corporation Name

THE 3DO COMPANY

Principal Place of Business

100 Cardinal Way
~~600 GALVESTON DRIVE~~
REDWOOD CITY CA 94063

Mailing Address

100 Cardinal Way
~~600 GALVESTON DRIVE~~
REDWOOD CITY CA 94063

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

2. New Principal Office Address, If Applicable

100 Cardinal Way
Suite, Apt. #, etc.

Redwood City, CA
City & State

94063
Zip

Country

3. New Mailing Office Address, If Applicable

100 Cardinal Way
Suite, Apt. #, etc.

Redwood City, CA
City & State

94063
Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/06/1999

5. FEI Number

94-3177293

Applied For

Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
CEO	HAWKINS, TRIP	600 GALVESTON DRIVE	REDWOOD CITY CA 94063
EVS	COOK, JAMES A	100 Cardinal Way 600 GALVESTON DRIVE	REDWOOD CITY CA 94063
V	FOWLER, STEPHEN E	600 GALVESTON DRIVE 100 Cardinal Way	REDWOOD CITY CA 94063
V	HICKS, RICHARD J III	600 GALVESTON DRIVE 100 Cardinal Way	REDWOOD CITY CA 94063
CFO	ADAMS, JOHN Kathleen McElwee	600 GALVESTON DRIVE 100 Cardinal Way	REDWOOD CITY CA 94063
V	KLEIN, DAVID	600 GALVESTON DRIVE 100 Cardinal Way	REDWOOD CITY CA 94063

8. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name

TS

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

Suite, Apt. #, etc.

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

[Signature] **SIGNATURE REQUIRED**

REGISTERED AGENT MUST SIGN

Date

10/18/01

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] **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James Alan Cook, Executive VP, Oct. 16, 01

Date

Daytime Phone #

Tel. (650) 385-2770

FILED

OCT 19 PM 3:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CP2E040 (8/01)