

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 NOV 18 AM 8:00

DOCUMENT # **F99000003849**

1. Corporation Name

OPENTEL COMMUNICATIONS, INC.

Principal Place of Business

Mailing Address

**185 BERRY STREET, STE. 4500
SAN FRANCISCO CA 94107**

**185 BERRY STREET, STE. 4500
SAN FRANCISCO CA 94107**

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

2. New Principal Office Address, If Applicable

**4655 OLD IRONSIDES DR
STE 350**

City & State
SANTA CLARA

Zip
95054

Country
U.S.A

3. New Mailing Office Address, If Applicable

**4655 OLD IRONSIDES DR
STE 350**

City & State
SANTA CLARA

Zip
95054

Country
U.S.A

4. Date Incorporated or Qualified
To Do Business in Florida

07/22/1999

5. FEI Number

77-0449148

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
GM CEO	JIN, JIM Diane Li	185 BERRY STREET, STE. 4500 4655 Old Ironsides Dr, Ste 350	SAN FRANCISCO CA 94107 Santa Clara, CA 95054
P VP	YU, DING	185 BERRY STREET STE 4500 4655 Old Ironsides Dr, Ste 350	SAN FRANCISCO CA 94107 Santa Clara, CA 95054
CEO CEO	QI, LONGJIANG Chenghai Ming	185 BERRY STREET STE 4500 4655 Old Ironsides Dr, Ste 350	SAN FRANCISCO CA 94107 Santa Clara, CA 95054

8. Name and Address of Current Registered Agent

**NRAI SERVICES, INC.
526 E. PARK AVE.
TALLAHASSEE FL 32301**

9. Name and Address of New Registered Agent

Name

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. or 617.0505, F.S.

Signature of
Registered Agent

Juanita Mahoney

Date **11/10/2003**

REGISTERED AGENT MUST SIGN **Juanita Mahoney, Ass't Sec.**

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 / **Diane Li** 11/5/03 408-213-0026

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (7/03)