

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # F99000004927

1. Corporation Name

GRASS VALLEY (US) INC.

Principal Place of Business

Mailing Address

~~11905 EL CAMINO REAL SUITE 301  
SAN DIEGO CA 92130~~

~~11905 EL CAMINO REAL SUITE 301  
SAN DIEGO CA 92130~~

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

2. New Principal Office Address, If Applicable

~~400 PROVIDENCE MINER RD~~  
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

~~400 PROVIDENCE MINER RD~~  
Suite, Apt. #, etc.

City & State  
NEVADA CITY CA

City & State  
NEVADA CITY CA

Zip  
CA 95959

Zip  
95959

Country  
USA

Country  
USA

4. Date Incorporated or Qualified  
To Do Business in Florida

09/24/1999

5. FEI Number

33-0871546

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
PD	THORSTEINSON, TIMOTHY	<del>15451 VILLAGE DRIVE</del> 7046 WINTERWOOD DR.	<del>LAKE OSWEGO CA 97034</del> GRANITE BAY CA 95746
ST	DICORTI, PETER	4299 NORTH STAR DRIVE	SHINGLE SPRINGS CA 95682
CD	GOODING, TERENCE J	5959 LADY'S SECRET DRIVE	RANCHO SANTA FE CA
V	JOHNSON, RUSSELL K	9 ERICK COURT	CHESTER NJ 07930
V	NEITLING, LARRY	16465 N.W. PUMPKIN RIDGE ROAD	NORTH PLAINS OR 97133
V	WACHE, GREG	3217 FIR RIDGE ROAD	LAKE OSWEGO OR 97035

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  
600003929366-1  
Street Address (P.O. Box Number is Not Acceptable)  
03/29/01-01057-022  
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

*PETER F. SOUZA*  
PETER F. SOUZA  
ASSISTANT SECRETARY  
REGISTERED AGENT MUST SIGN

Date

1/18/01

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:

*PETER F. SOUZA*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/30/00 (530) 478-3158  
Daytime Phone #