

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**APPLICATION
FOR
REINSTATEMENT**



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

FILED

00 DEC -5 PM 4:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F99000005450**

1. Corporation Name

PERLE SYSTEMS, INC.

Principal Place of Business

1201 HAY STREET
TALLAHASSEE FL 32301

Mailing Address

1201 HAY STREET
TALLAHASSEE FL 32301



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 10/25/1999	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 52-1350539	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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
P	PERLE, JOSEPH	60 RENFREW DRIVE	MARKHAM, ONTARIO
S	D'AMICO, MICHAEL	60 RENFREW DRIVE	MARKHAM, ONTARIO
D	FRAGEN, DANIEL S	630 OAKMONT LN	WESTMONT IL
			600003488296--3
		PLEASE SEE ATTACHED RIDER	

8. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

9. Name and Address of New Registered Agent

Name		1178	
Street Address (P.O. Box Number is Not Acceptable)			
Suite, Apt. #, Etc.			
City	State	Zip Code	
	FL		

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 REQUIRED

Date **12/7/00**

REGISTERED AGENT MUST SIGN

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/30/2000 (905) 946 5034

Date

Daytime Phone #



RE: OFFICERS AND DIRECTORS OF PERLE SYSTEMS INC.

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City/State/Zip
P	Pack, Jeff	545 Marriott Drive, Suite 100	Nashville, TN 37214
S / D	Barnett, Derrick	60 Renfrew Drive	Markham, Ontario
D	Perle, Joseph	60 Renfrew Drive	Markham, Ontario
D	Feeney, John	60 Renfrew Drive	Markham, Ontario

9410343



ACCOUNT NO. : 072100000032

REFERENCE : 918662 5040205

AUTHORIZATION :

Patricia Pizot

COST LIMIT : \$ 750.00

ORDER DATE : December 4, 2000

ORDER TIME : 12:28 PM

ORDER NO. : 918662-005

CUSTOMER NO: 5040205

CUSTOMER: Ferinand Velasco, Controller
PERLE SYSTEMS
PERLE SYSTEMS
60 Renfrew Drive

Markham, ON L3R-0E1

DOMESTIC FILING

NAME: PERLE SYSTEMS, INC.

EFFECTIVE DATE:

XX ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: TAMARA ODOM

EXAMINER'S INITIALS:

RECEIVED
00 DEC -5 PM 2:23
DIVISION OF CORPORATION