

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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\*\*\*\*750.00 \*\*\*\*750.00

<b>CORPORATION REINSTATEMENT</b>	<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT #**

1. Corporation Name

F99000005831  
DiviCom Inc.

2. Principal Office Address

549 Baltic Way

Suite, Apt. #, etc.

City & State

Sunnyvale, California

Zip

94089

Country

U.S.A.

3. Mailing Office Address

549 Baltic Way

Suite, Apt. #, etc.

City & State

Sunnyvale, California

Zip

94089

Country

U.S.A.

4. Date Incorporated or Qualified  
To Do Business in Florida

November 10, 1999

5. FEI Number

77-0456189

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

CorpAmerica, Inc.

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

416 S.E. 15 Street

Suite, Apt. #, Etc.

City

Fort Lauderdale

State

FL

Zip Code

33316

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

*Dir L. Flanagan, Asst. Secretary*  
REGISTERED AGENT MUST SIGN

Date 10-25-00

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
	See attached		

10. 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:

*Jerry W. Pruitt*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jerry W. Pruitt

10/24/00

Date

408-543-2346

Daytime Phone #

PAWEL

DiviCom Inc. Florida  
Corporation Reinstatement

Form FL32524F.1

**Item 9: Directors**

<u>Name</u>	<u>Title</u>	<u>Business Address</u>
Anthony J. Ley	Chariman	549 Baltic Way Sunnyvale, CA 94089
None	Vice Chairman	N/A
Moshe Nazarathy	Director	549 Baltic Way Sunnyvale, CA 94089
E. Floyd Kvamme	Director	549 Baltic Way Sunnyvale, CA 94089
David A. Lane	Director	549 Baltic Way Sunnyvale, CA 94089
Barry D. Lemieux	Director	549 Baltic Way Sunnyvale, CA 94089
Michael L. Vaillaud	Director	549 Baltic Way Sunnyvale, CA 94089

**Item 9: Officers**

<u>Name</u>	<u>Title</u>	<u>Business Address</u>
Anthony J. Ley	President	549 Baltic Way Sunnyvale, CA 94089
Robin N. Dickson	V.P. & CFO	549 Baltic Way Sunnyvale, CA 94089
Jeffrey Saper	Secretary	549 Baltic Way Sunnyvale, CA 94089
None	Treasurer	N/A
Michael Yost	Vice President	549 Baltic Way Sunnyvale, CA 94089
Moshe Nazarathy	Senior Vice President	549 Baltic Way Sunnyvale, CA 94089
Israel Levi	Vice President	549 Baltic Way Sunnyvale, CA 94089
Robin Dickson	Asst. Secretary	549 Baltic Way Sunnyvale, CA 94089
Mark Carrington	Senior V.P.	549 Baltic Way Sunnyvale, CA 94089
Diane Georgi	Corporate Counsel	549 Baltic Way Sunnyvale, CA 94089
Marty McFarland	Corporate Controller	549 Baltic Way Sunnyvale, CA 94089
Jerry W. Pruitt	Director of Taxes	549 Baltic Way Sunnyvale, CA 94089