PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
97 DEC -9 PM 1:0?
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K03464

1. Corporation Name
Intelligent Instruments Corporation

Principal Place of Business	Mailing Address
1092 East Arquez Avenue Sunnyvale, CA 94086	same

REINSTATEMENT 96-97 00

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
180 Elm Court	same
Suite, Apt. #, etc.: 1901	Suite, Apt. #, etc.:
City & State: Sunnyvale, CA	City & State:
Zip: 94086 Country: USA	Zip: Country:

4. Date Incorporated or Qualified To Do Business in Florida: 11/23/97

5. FEI Number: 59-2499742 Applied For ☐ Not Applicable ☐

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name 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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PSTD	Mark Koz	180 Elm Court , #1901	Sunnyvale, CA 94086

900002367539--1

8. Name and Address of Current Registered Agent

Corporation Information Services, Inc.
1201 Hays Street
Tallahassee, FL 32301

9. Name and Address of New Registered Agent

Name: Corporation Service Company
Street Address (P.O. Box Number is Not Acceptable): 1201 Hays Street
Suite, Apt. #, etc.:
City: Tallahassee State: FL Zip Code: 32301

10. I, (We) declare that I am (we are) familiar with and accept the obligations of Section 607.0505, F.S.

Signature of New Registered Agent: Karen B. Rozar Karen B. Rozar, As Its Agent 12-9-97

REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒ (See other side for information on intangible tax.)

12. I certify that I am a member or director of the 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: MJ 5 Dec 97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CORPORATION INFORMATION
SERVICES, INC.
1201 HAYS STREET
TALLAHASSEE, FL 32301
904-222-9171
904-222-0393 FAX

800-342-8086

csc networks

MAIL TO:
P.O. BOX 5828
TALLAHASSEE, FL 32314

ACCOUNT NO. : 072100000032

REFERENCE : 627449

AUTHORIZATION : Patricia Pyatt

COST LIMIT : $ 915.00

ORDER DATE : 12/9/97

ORDER TIME :

ORDER NO. : 627449

CUSTOMER NO:

CUSTOMER: Bartel, Englinn & Schroder

FILED
97 DEC -9 PM 3:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOMESTIC FILING

NAME: Intelligent Instruments Corp.

XX Amendment
____ ARTICLES OF INCORPORATION
____ CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX PLAIN STAMPED COPY
____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Cindy Harris

EXAMINER'S INITIALS: _____