

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L59295**

1. Corporation Name

QUARTERDECK SELECT CORPORATION 2000-03

2. Principal Office Address

20330 Stevens Creek Blvd.

Suite, Apt. #, etc.

City & State

Cupertino, California

Zip

Country

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

3/21/1990

5. FEI Number

593009922

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

000022665750
08/29/03--01062--002 **1200.00

7. Name and Address of Current Registered Agent

Name

CORPORATE ACCESS INC.

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

236 East 6th Avenue

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32303

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

Day Bennett

REGISTERED AGENT MUST SIGN

Date

8/27/03

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
D, T	Greg Myers	20330 Stevens Creek Blvd.	Cupertino, CA 95014
D, S	Art Courville	20330 Stevens Creek Blvd.	Cupertino, CA 95014
P	Steve Markowski	20330 Stevens Creek Blvd.	Cupertino, CA 95014

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:

Greg Myers

Greg Myers

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/ /03

Date

(408) 517-8000

Daytime Phone #



ADR

CR2E081 (10/02)

**CORPORATE
ACCESS,
INC.**

236 East 6th Avenue . Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666 . Fax (850) 222-1666

WALK IN

PICK UP 8-27-03 Kelly

CERTIFIED COPY

CUS

☒ PHOTO COPY

☒ FILING

Reinstatement

1.) Quarterdeck Select Corporation
(CORPORATE NAME & DOCUMENT #)

2.) _____
(CORPORATE NAME & DOCUMENT #)

3.) _____
(CORPORATE NAME & DOCUMENT #)

4.) _____
(CORPORATE NAME & DOCUMENT #)

5.) _____
(CORPORATE NAME & DOCUMENT #)

RECEIVED
03 AUG 27 PM 12:06
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILE

SPECIAL INSTRUCTIONS