

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 NOV -1 AM 10:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000077659

1. Corporation Name

POLYCOM TECHNOLOGY EXCHANGE. INC.

Principal Place of Business

1891 PORTER LAKE DRIVE  
UNIT 104  
SARASOTA FL 34240

Mailing Address

1891 PORTER LAKE DRIVE  
UNIT 104  
SARASOTA FL 34240

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

08/16/2000

5. FEI Number

04-3396659

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D/P	CONSTANT, KONSTANTINOS	1891 PORTER LAKE DRIVE UNIT 104	SARASOTA FL 34240
D/T	POLEDEROS, STEVEN M	1891 PORTER LAKE DRIVE UNIT 104	SARASOTA FL 34240

200008729487  
10/31/02--01067--013 \*\*150.00

8. Name and Address of Current Registered Agent

CONSTANT, KONSTANTINOS  
1891 PORTER LAKE DRIVE  
UNIT 104  
SARASOTA FL 34240

9. Name and Address of New Registered Agent

Name

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

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. or 617.0505, F.S.,

Signature of  
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10/25/02

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

Date

Daytime Phone #

Konstantinos Constant 10/25/02 941-342-8832

CR2E040 (802)



**Polycom Technology eXchange, Inc.**  
1891 Porter Lake Dr. ~ Unit 104 ~ Sarasota, FL 34240 ~ USA  
tel: 941-342-8832 ~ fax: 941-342-8841

October 24, 2002

Florida Department of State  
Jim Smith, Secretary of State  
Division of Corporations  
Annual Report/Reinstatement Section  
P.O. Box 6327  
Tallahassee, FL 32314-6327

To Whom It May Concern:

We respectfully ask that the reinstatement fee be waived because we did not receive the two prior uniform business report (UBR) notices.

Thank you,

A handwritten signature in black ink, appearing to read "K. Constant".

Konstantinos Constant  
President