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
96 NOV 18 AM 10:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P38364

1. Corporation Name

FOX SYSTEMS, INC.

Principal Place of Business	Mailing Address
4410 N. SCOTTSDALE ROAD STE. 345 SCOTTSDALE AZ 85251-3920	4410 N. SCOTTSDALE ROAD STE. 345 SCOTTSDALE AZ 85251-3920

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

REINSTATEMENT 04/16/1982

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

5. FEI Number 68-0121468 — Applied For ☐ Not Applicable ☐

6. CERTIFICATE OF STATUS DESIRED ☐

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
CPT	FOX, SUSAN J.	~~3984 MORRYDE AVE~~ 1961 E. Secretariat	~~RICHMOND CA~~ Tempe, AZ 85283
S	SHISHIDA, MARK K.	8735 E. VIA DELALUNA	SCOTTSDALE AZ
D	Desh Ahuja	5956 E. Sweetwater	Scottsdale, AZ 85254
D	Jean Fong	734 Palmera Court	Alameda, CA 94501
D	Robert Walter	1300 W. Marlboro	Chandler AZ 85224
			11-20-96

8. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
C/ CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name 200002011962--2
11/22/96--01015--008
Street Address (P.O. Box Number is Not Acceptable) ****383.75 ****383.75
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.

Signature of Registered Agent SIGNATURE REQUIRED Date November 1, 1996
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 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: Robert Walter SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E040 (7/96)