

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 12 PM 1:31

DOCUMENT # **P95000093582**

1. Corporation Name

**NETSPEAK CORPORATION**

SECRETARY OF STATE  
**600008967656**  
11/13/02--01060--001 \*\*750.00

Principal Place of Business

520 BROAD STREET  
8TH FLOOR  
NEWARK NJ 07102

Mailing Address

520 BROAD STREET  
8TH FLOOR  
NEWARK NJ 07102

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

**12/08/1995**

5. FEI Number

**65-0627616**

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
<del>CEO</del>	<del>RICH, MICHAEL R</del>	<del>10650 E SIVANY DRIVE</del>	<del>BOCA RATON FL 33498</del>
<del>D</del>	<del>SHUM, MARTIN</del>	<del>2801 TOWNGATE ROAD</del>	<del>WESTLAKE VILLAGE CA 91361</del>
<del>D</del>	<del>JONES, ROBERT F</del>	<del>1161 MCDERMOTT DRIVE STE 300</del>	<del>WEST CHESTER PA 19380</del>
<del>D</del>	<del>ROBINSON, A. JEFFRY</del>	<del>201 S. DISCAYNE BLVD., SUITE 300</del>	<del>MIAMI FL 33131</del>
<del>S</del>	<del>STATEN, JOHN</del>	<del>10626 STAR ISLAND DR</del>	<del>BOCA RATON FL 33408</del>
	<b>SEE ATTACHED SHEET</b>		

8. Name and Address of Current Registered Agent

~~B & C CORPORATE SERVICES, INC.~~  
~~201 S DISCAYNE BLVD~~  
~~SUITE 0000~~  
~~MIAMI FL 33131~~

9. Name and Address of New Registered Agent

Name

**Corporation Service Company**

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

**1201 Hays St.**

Suite, Apt. #, Etc.

City

**Tallahassee**

State

**FL**

Zip Code

**32301**

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**  
*[Signature]*  
REGISTERED AGENT MUST SIGN

Date

**11/12/02**

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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**11-8-02**

**973-458-3685**

CR2E040 (8/02)

Name and Address of Each Officer and/or Director:

<u>Title</u>	<u>Name of Officers and/or Directors</u>	<u>Street Address of Each Officer and Director</u>	<u>City/State/Zip</u>
P/D	Mordy Rothberg	520 Broad St., 8 <sup>th</sup> Floor	Newark, NJ 07102
S	Glenn Williams	520 Broad St., 8 <sup>th</sup> Floor	Newark, NJ 07102