

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 NOV 24 PM 4:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000093582

1. Corporation Name

NETSPEAK CORPORATION

2. Principal Office Address

520 Broad St.

Suite, Apt. #, etc.

8th Floor

City & State

Newark, NJ

Zip

07102

Country

Essex

3. Mailing Office Address

520 Broad St., 8th Flr

Suite, Apt. #, etc.

Attn: Glenn Williams

City & State

Newark, NJ

Zip

07102

Country

Essex

**4. Date Incorporated or Qualified
To Do Business in Florida**

12/8/1995

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. Name and Address of Current 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

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

Evelyn Wright
Evelyn Wright

Date 11/17/2003

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
P/D	Mordy Rothberg	520 Broad St., 8th Flr.	Newark, NJ 07102
S	Glenn Williams	520 Broad St., 8th Flr.	Newark, NJ 07102

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:

Glenn Williams, Secretary

11/17/03

973-438-3066

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CRZE081 (10/02)



November 17, 2003

Via Overnight Delivery

Department of State
Division of Corporations
409 East Gaines St.
Tallahassee, FL 32399
T: 850-245-6059

Re: NetSpeak Corporation Reinstatement Form

Dear Division of Corporations:

I am enclosing an Application for Reinstatement for NetSpeak Corporation. I am also enclosing the Annual Report Fee, Corporate Supplement Fee and Certificate of Status Fee, totaling \$158.75. We never received an Annual Report filing form, or any other type of notice or correspondence of any kind from your office, so we are requesting a waiver of the \$600.00 Reinstatement Fee, which we understand is permitted under your rules.

If you have any questions, please call me at 973-438-3685.

Thank you,

A handwritten signature in black ink, appearing to read "Nicholas Day".

Nicholas Day
Associate General Counsel