Corporation

REINSTATEMENT

Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 JUL 17 PM 2:45

DOCUMENT # P97000041940

1. Corporation Name

Inclusion Technologies, Inc.

REINSTATEMENT 02-03

2. Principal Office Address	3. Mailing Office Address
101 First Street	101 First Street
Suite, Apt. #, etc. Suite 493	Suite, Apt. #, etc. Suite 493
City & State Los Altos, CA	City & State Los Altos, CA
Zip 94022 County USA	Zip 94022 County USA

4. Date Incorporated or Qualified To Do Business in Florida: May 5, 1997 MRD

5. FEI Number: 593442557 (Applied For / Not Applicable)

6. CERTIFICATE OF STATUS DESIRED: X

7. Name and Address of Current Registered Agent

Name: CT Corporation System

Street Address (P.O. Box Number is Not Acceptable): 1200 S. Pine Island Road

Suite, Apt. #, Etc.:

City: Plantation State: FL Zip Code: 33324

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent: Connie Bayer Special Asst. Secretary — REGISTERED AGENT MUST SIGN

Date: 7/17/03

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
P,S,D	Martin Nielson	c/o I-Incubator.com, Inc 101 First Street, Suite 493	Los Altos, CA 94022

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: Martin Nielson — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

July 15, 2003 — Date

650-941-0159 — Daytime Phone #

Florida Department of State

Division of Corporations

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CORPORATION REINSTATEMENT

INCLUSION TECHNOLOGIES, INC.

Fixed
Rejected 1

Certificate of Status	1
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