

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
05 JUN 29 PM 1:01  
RECEIVED  
FLORIDA

**DOCUMENT #**

**1. Corporation Name**

Hightouch Technologies, Inc.  
P98000003858

**2. Principal Office Address**

500 Oracle Parkway

Suite, Apt. #, etc.

City & State

Redwood Shores, CA

Zip 94065

Country  
USA

**3. Mailing Office Address**

500 Oracle Parkway

Suite, Apt. #, etc.

City & State

Redwood Shores, CA

Zip 94065

Country  
USA

**REINSTATEMENT**

01/05

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

1/13/98

**5. FEI Number**  
593488865

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

Capital Connection

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

417 E. Virginia Street

Suite, Apt. #, Etc.

Suite 1

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

*Stacey Pileano*

REGISTERED AGENT MUST SIGN

Date 6/29/05

**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	Daniel Cooperman	500 Oracle Parkway	Redwood Shores, CA 94065

100057345601  
07/12/05--01033--009 \*\*\$350.00

**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:

*Daniel Cooperman* President  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/28/05 650-506-5500  
Date Daytime Phone #