

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
DEPT. OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name
Hightouch Technologies, Inc.
P98000003858

2. Principal Office Address
500 Oracle Parkway

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 Pilano Date 6/29/05
REGISTERED AGENT MUST SIGN

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 Date 6/28/05 Daytime Phone # 650-506-5500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (01/05)