

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 DEC 16 AM 10:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V73103

1. Corporation Name

RHYTHM TECHNOLOGIES, INC.

2. Principal Office Address

17915 Skypark Circle

Suite, Apt. #, etc.

Suite D

City & State

Irvine, CA

Zip

92614

Country

USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 03-04

4. Date Incorporated or Qualified
To Do Business in Florida

November 17, 2004

5. FEI Number

65-0368848

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

Peter R. Accorti

Street Address (P.O. Box Number is Not Acceptable)
248 North Checkerberry Way

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32259

200043616202
12/27/04--01002--023 **901.00

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

Date 12-13-04

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
D	Dr. Richard Luceri	2366 NE 28th St	Light house Point FL, 33064
P	Peter Accorti	248 North Checkerberry Way	Jacksonville, FL, 32259
D	Thomas Allen	888 Camino Vina	Paso Robles CA, 93446
D	Alvaro Diaz	10 Glen Abey, Dove Canyon CA, 92679	Dove Canyon, CA, 92679
D	Cesar Diaz	22482 Alma Aldea RSH, CA, 92688	Rancho Santa Margarita CA, 92688

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:

Cesar M. Diaz

12/14/04

(949) 261-8130

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/04)