

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **F00000003279**

1. Corporation Name

JDS UNIPHASE CORPORATION

Principal Place of Business

1110 HIBISCUS BLVD.
 MELBOURNE FL 32901

Mailing Address

1110 HIBISCUS BLVD.
 MELBOURNE FL 32901

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

~~210 BAYPOINTE PKWY~~
 Suite, Apt. #, etc.
~~San Jose, CA~~
 City & State

3. New Mailing Office Address, If Applicable

~~210 BAYPOINTE PKWY~~
 Suite, Apt. #, etc.
~~San Jose, CA~~
 City & State
 Zip ~~95134~~ Country ~~USA~~

4. Date Incorporated or Qualified To Do Business in Florida

06/08/2000

5. FEI Number

94-2579683

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	ABBE, CHARLES J	163 BAYPOINTE PARKWAY	SAN JOSE CA 95134
DIS	Michael Phillips	210 Baypointe Pkwy	San Jose, CA 95134
VST	MULLER, ANTHONY	163 BAYPOINTE PARKWAY	SAN JOSE CA 95134
D	DAY, BRUCE	163 BAYPOINTE PARKWAY	SAN JOSE CA 95134
D	ENOS, ROBERT	163 BAYPOINTE PARKWAY	SAN JOSE CA 95134
GD	STRAUSS, JOZEF	163 BAYPOINTE PARKWAY	SAN JOSE CA 95134
V	PETIT, DAN	163 BAYPOINTE PARKWAY	SAN JOSE CA 95134

8. Name and Address of Current Registered Agent

UCC FILING & SEARCH SERVICES, INC.
 526 EAST PARK AVENUE
 TALLAHASSEE FL 32301

9. Name and Address of New Registered Agent

Name
CT Corporation Systems
 Street Address (P.O. Box Number is Not Acceptable)
 1200 South Pine Island Road
 Suite, Apt. #, Etc.
 City
 Plantation
 State
 FL
 Zip Code
 33324

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

100004717091--4
 -12/10/01--01096--012
 ****750.00 ****750.00
 Date 10/29/01

Signature of Registered Agent

Michael Phillips
 REGISTERED AGENT MUST SIGN

11. 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:

Michael Phillips

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/29/01 (408) 434-1800

Date Daytime Phone #



FILED

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SECRETARY OF STATE
 TALLAHASSEE FLORIDA

CR20040 (8/01)