

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 DEC -4 AM 8:01

DOCUMENT # **F01000003897**

1. Corporation Name
UTSTARCOM, INC.

500009345915
12/04/02--01034--001 **750.00



REINSTATEMENT 02

Principal Place of Business Mailing Address
1275 HARBOUR BAY PARKWAY, SUITE 100 1275 HARBOUR BAY PARKWAY, SUITE 100
ALAMEDA CA 94502 ALAMEDA CA 94502

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		07/24/2001	
City & State		City & State		5. FEI Number	
Zip		Country		52-1782500	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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	LU, HONG LIANG	1275 HARBOUR BAY PARKWAY, SUITE	ALAMEDA CA 94502
V	WU, YING	CNT MANHATTAN BLD. #6 CHAO YANG	BEIJING, 100027, CHINA
CD	SON, MASAYOSHI	24-1 NIHONBASHI-HAKOZAKICHO CHUO	TOKYO 1038501, JAPAN
ST	SOPHIE, MICHAEL	1275 HARBOUR BAY PARKWAY, SUITE	ALAMEDA CA 94502
D	TOY, THOMAS J	1275 HARBOUR BAY PARKWAY, SUITE	ALAMEDA CA 94502

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State
		FL	

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. or 617.0505, F.S.

Signature of Registered Agent *Tina Perrin* **SIGNATURE REQUIRED** Special Assistant Secretary Date 11/21/02
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: *[Signature]* **SIGNATURE REQUIRED** Date 11/21/02 Daytime Phone # 1517 9621-8500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (8/02)