


FILED

2013 NOV 13 AM 10:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F03000002122					
1. Corporation Name E2V Inc.					
2. Principal Office Address - No P.O. Box # 520 White Plains Road			3. Mailing Office Address 520 White Plains Road		
Suite, Apt. #, etc. Suite 450, 4th Floor			Suite, Apt. #, etc. Suite 450, 4th Floor		
City & State Tarrytown, NY			City & State Tarrytown, NY		
Zip 10591	Country USA	Zip 10591	Country USA	4. Date incorporated or Qualified To Do Business in Florida 04/28/2003	
7. Name and Address of Current Registered Agent				5. FEI Number 132910260	
Name C T Corporation System				Applied For not Applicable	
Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road				6. CERTIFICATE OF STATUS DESIRED \$9.75 (Additional Fee required for a Certificate of Status)	
City Plantation				State FL	
				Zip Code 33324	
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0503 or 617.0503, F.S.					
Signature of Registered Agent <u>Connie Bryan</u> Date <u>11/13/2013</u> REGISTERED AGENT MUST SIGN <u>Connie Bryan</u>					
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	
Pres.	Richard Charles Hindson	106 Waterhouse Lane		Chelmsford, Essex England CM12QU	
Sec.	Julie Bannerman	41 Santa Ana Avenue		San Francisco, CA 94127	
Dir.	Charlotte Parmentor	106 Waterhouse Lane		Chelmsford, Essex England CM12QU	
REINSTATEMENT					
<u>2013/13</u>					
10. E-mail Address: <u>Peter.Galeano@e2v.com</u> (To be used for future annual report notification)					
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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 617.155, F.S.					
SIGNATURE: <u>Julie Bannerman</u> JULIE BANNERMAN <u>11-12-13</u> <u>415-987-2211</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #					

S. HAWKES

NOV 14 2013

EXAMINER

Division of Corporations

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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6384

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

RE-SUBMIT

Please retain original filing date of submission 11/13

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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CORPORATION REINSTATEMENT
E2V INC.

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