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FILED

09 DEC -4 AM 11:48

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # F07000005765**

1. Corporation Name  
**Kentrox, Inc.**

2. Principal Office Address - No P.O. Box #  
**5800 Innovation Drive**

3. Mailing Office Address  
**5800 Innovation Drive**

City & State  
**Dublin, OH**

City & State  
**Dublin, OH**

Zip  
**43016**

Country  
**USA**

Zip  
**43016**

Country  
**USA**

4. Date Incorporated or Qualified To Do Business in Florida **11/28/2007**

5. FEI Number  
**20-1198189**

Applied For  
 Not Applicable

6. CERTIFICATE OF STATUS DESIRED  For information only. See instructions for details.

7. Name and Address of Current Registered Agent

Name  
**NRAI Services, Inc.**

Street Address (P.O. Box Number is Not Acceptable)  
**2731 Executive Park Drive**

City  
**Weston**

State  
**FL**

Zip Code  
**53331**

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent *by: Deetta A. McLeod, Asst. Sec.* Date **12-3-2009**

REGISTERED AGENT MUST SIGN

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

TITLE	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	Richard Cremona	5800 Innovation Drive	Dublin, OH 43016
S/CFO	Michael Patrick Keegan	5800 Innovation Drive	Dublin, OH 43016
D	Glenn Luk	5800 Innovation Drive	Dublin, OH 43016
D	Anand Radhakrishnan	5800 Innovation Drive	Dublin, OH 43016
SEE ATTACHMENT A			

10. E-mail Address:

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. 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.

SIGNATURE: *Michael P. Keegan, EVP, CFO* Date **12/3/09** **614**  
923-1223

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

**REINSTATEMENT**

CR2ED81 (11/09)

08-09 [Signature]

12/4/09

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ATTACHMENT A

B. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	Rick Mace	5800 Innovation Drive	Dublin, OH 43016
D	George Schmitt	5800 Innovation Drive	Dublin, OH 43016
D	Charles Vogt	5800 Innovation Drive	Dublin, OH 43016

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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

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

From: Account Name : INCORPORATING SERVICES FL  
Account Number : I20050000052  
Phone : (302) 531-0855  
Fax Number : (850) 656-7953

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

Email Address: Adavis@incserv.com

CORPORATION REINSTATEMENT  
KENTROX, INC.

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