

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



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

**FILED**

**01 OCT 19 PM 3:11**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**DOCUMENT # F99000003465**

1. Corporation Name  
**THE 3DO COMPANY**

Principal Place of Business <b>100 Cardinal Way <del>600 GALVESTON DRIVE</del> REDWOOD CITY CA 94063</b>	Mailing Address <b>100 Cardinal Way <del>600 GALVESTON DRIVE</del> REDWOOD CITY CA 94063</b>
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If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable <b>100 Cardinal Way Suite, Apt. #, etc. Redwood City, CA City &amp; State 94063 Zip</b>	Country	3. New Mailing Office Address, If Applicable <b>100 Cardinal Way Suite, Apt. #, etc. Redwood City, CA City &amp; State 94063 Zip</b>	Country	4. Date Incorporated or Qualified To Do Business in Florida <b>07/06/1999</b>
5. FEI Number <b>94-3177293</b>				Applied For <input type="checkbox"/> 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
CEO	HAWKINS, TRIP	<del>600 GALVESTON DRIVE</del>	REDWOOD CITY CA 94063
EVS	COOK, JAMES A	<del>100 Cardinal Way 600 GALVESTON DRIVE</del> 100 Cardinal Way	REDWOOD CITY CA 94063
V	FOWLER, STEPHEN E	<del>600 GALVESTON DRIVE</del> 100 Cardinal Way	REDWOOD CITY CA 94063
V	HICKS, RICHARD J III	<del>600 GALVESTON DRIVE</del> 100 Cardinal Way	REDWOOD CITY CA 94063
CFO	<del>ADAMS, JOHN</del> Kathleen McElwee	<del>600 GALVESTON DRIVE</del> 100 Cardinal Way	REDWOOD CITY CA 94063
V	KLEIN, DAVID	<del>600 GALVESTON DRIVE</del> 100 Cardinal Way	REDWOOD CITY CA 94063

8. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

9. Name and Address of New Registered Agent

Name <b>TS</b>
Street Address (P.O. Box Number is Not Acceptable) <b>100 Cardinal Way</b>
Suite, Apt. #, Etc.
City <b>REDWOOD CITY</b>
State <b>FL</b>
Zip Code

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.

**SIGNATURE REQUIRED**

Signature of Registered Agent: *[Signature]* REGISTERED AGENT MUST SIGN

Date: **10/18/01**

**3000194653303--7**  
**-10/25/01--01049--025**  
**\*\*\*\*750.00 \*\*\*\*750.00**

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]* REQUIRED**

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **James Alan Cook, Executive VP, Oct. 16, 01**

Date: \_\_\_\_\_ Daytime Phone #: **Tel. (650) 385-2770**

CP2E040 (8/01)