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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE SECRETARY OF STATE
TALLAHASSEE FLORIDA TALLAHASSEE FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F08000004290

REINSTATEMENT

CR2E081 (6/10)

1. Corporation Name
Simonich Corporation

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
3130 Crow Canyon Place	3130 Crow Canyon Place
Suite, Apt. #, etc: Suite 300	Suite, Apt. #, etc: Suite 300
City & State: San Ramon, CA	City & State: San Ramon, CA
Zip: 94583 Country: USA	Zip: 94583 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 10/01/2008

5. FEI Number: 68-0295876 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☑ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Paracorp Incorporated

Street Address (P.O. Box Number is Not Acceptable): 236 East 6th Avenue

Suite, Apt. #, Etc.:

City: Tallahassee State: FL Zip Code: 32303

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8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: Edward W. Noyes, Asst Sec Date: 1/24/2013
REGISTERED AGENT MUST SIGN

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
President	Scott Simonich	3130 Crow Canyon Place Suite 300	San Ramon, CA 94583
CEO/COO	Mario De Tomasi	3130 Crow Canyon Place, Suite 300	San Ramon, CA 94583

10. E-mail Address: lauren@bocm.com
(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., 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: Scott Simonich 1/23/2013 925-866-1348
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #