

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F02000001160

1. Corporation Name

WIND RIVER SALES CO INC

2. Principal Office Address - No P.O. Box # 500 WIND RIVER WAY	3. Mailing Office Address 500 WIND RIVER WAY
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State ALAMEDA, CA	City & State ALAMEDA, CA
Zip 94501	Country USA
Zip 94501	Country USA

7. Name and Address of Current Registered Agent

Name
CT CORPORATION SYSTEM

Street Address (P.O. Box Number is Not Acceptable)
1200 SOUTH PINE ISLAND ROAD

Suite, Apt. #, Etc.

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 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Naseem A. Conde
NASEEM A. CONDE
REGISTERED AGENT MUST SIGN
SPECIAL ASST SECRETARY

Date
A. 5-17

9. 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
P	Ken Klein	500 Wind River Way	Alameda, CA 94501
V	Ian Halifax	500 Wind River Way	Alameda, CA 94501
S	Chi Miller	500 Wind River Way	Alameda, CA 94501
T	Ravi Jacob	500 Wind River Way	Alameda, CA 94501

10. E-mail Address: chris.boltano@windriver.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: *Tanish*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

IAN HALIFAX

4/5/03 510-711-2960
Date Daytime Phone #

5119
an