

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

10 MAY 18 PM 1:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F02000001160

1. Corporation Name

WIND RIVER SALES CO INC

100176531881
05/18/10--01023--012 **150.00

2. Principal Office Address - No P.O. Box #

500 WIND RIVER WAY

Suite, Apt. #, etc.

3. Mailing Office Address

500 WIND RIVER WAY

Suite, Apt. #, etc.

City & State

ALAMEDA, CA

City & State

ALAMEDA, CA

Zip

94501

Country

USA

Zip

94501

Country

USA

100176531881
04/20/10--01016--018 **750.00
CR2E081 (11/09)

REINSTATEMENT

09-10

4. Date incorporated or Qualified
To Do Business in Florida 03/01/2002

5. FEI Number
33-0465387

Applied For
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for Certificate of Status

7. Name and Address of Current Registered Agent

Name

C T 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

☐ 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 617.0503, F.S.

Signature of
Registered Agent

Naseem A. Conde

NASEEM A. CONDE

Date

A. 5-12

REGISTERED AGENT MUST SIGN

SPECIAL ASST SECRETARY

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
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:

Ian Halifax

IAN HALIFAX

4/5/10

510-719-2960

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5119
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