1 of 2 page

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

15 JUN 23 PM 3:06

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F07000001255

1. Corporation Name
SELECTICA, INC.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
2121 S EL CAMINO REAL	2121 S EL CAMINO REAL
Suite, Apt. #, etc.	Suite, Apt. #, etc.
SUITE 1000	SUITE 1000
City & State	City & State
SAN MATEO, CA	SAN MATEO, CA
Zip / Country	Zip / Country
94403	94403

CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business In Florida
03/05/2007

5. FEI Number
77-0432030
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
C T CORPORATION SYSTEM

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

State, 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: Corine Bayan — REGISTERED AGENT MUST SIGN — Date: 6/22/2015

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
CEO	STAKENAS, PATRICK	1413 N MILWAUKEE AVE	LIBERTYVILLE, IL 60048
CFO	SPARTZ,TODD	158 TILMAN AVE	SAN JOSE, CA 95126
DIR	BRODSKY, MICHAEL	3410 TURNER LN	CHEVY CHASE, MD 20815

10. E-mail Address: nward@selectica.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., and 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; I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: [signature] 6/22/2015 650.532-154

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

6/23/2015 9:14:47 AM From: To: 8506176384(2/2)

2 of 2 pages

Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet

15 JUN 23 PM 3:06

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CORPORATION REINSTATEMENT
SELECTICA, INC.

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