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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

CORPORATION REINSTATEMENT — FLORIDA DEPARTMENT OF STATE, Secretary of State, DIVISION OF CORPORATIONS

DOCUMENT # P10000002756

1. Corporation Name: QUANTROS, INC.

2. Principal Office Address - No P.O. Box		3. Mailing Office Address	
475 SYCAMORE DRIVE		475 SYCAMORE DRIVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: MILPITAS, CA		City & State: MILPITAS, CA	
Zip: 95035	Country: U.S.A.	Zip: 95035	Country: U.S.A.

CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida: 05/13/2010
5. FEI Number: 72-1366722 — Applied For / Not Applicable
6. CERTIFICATE OF STATUS DESIRED: YES — $8.75 Additional Fee required for a Cert. 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

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: Joe Villeda, Assistant Secretary — REGISTERED AGENT MUST SIGN — Date: 6/12/13

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/D	KEITH HAGEN	475 SYCAMORE DRIVE	MILPITAS, CA 95035
T/S	ROOP K. LAKKARAJU	475 SYCAMORE DRIVE	MILPITAS, CA 95035
D	CHRIS ADAMS	475 SYCAMORE DRIVE	MILPITAS, CA 95035
D	RICHARD ALLEN	475 SYCAMORE DRIVE	MILPITAS, CA 95035

10. E-mail Address: rlakkaraju@quantros.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: ROOP K. LAKKARAJU 6/11/13 408-957-3300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Florida Department of State

Division of Corporations

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