FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

16 OCT 31 AM 10:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E081 (11/10)

DOCUMENT # F14000003598

1. Corporation Name

QUANTUM SECURE, INC.

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
100 CENTURY CT		110 SARGENT DRIVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
SUITE 800			
City & State		City & State	
SAN JOSE, CA		NEW HAVEN, CT	
Zip	Country	Zip	Country
95112	USA	06511	USA

4. Date Incorporated or Qualified To Do Business in Florida
08/26/2014

5. FEI Number
20-2491989 — Applied For ☐ Not Applicable ☐

6. CERTIFICATE OF STATUS DESIRED ☐ $9.76 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

Suite, Apt. #, etc.

City: Plantation — State: FL — Zip Code: 33324

H16000268251

$750.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent: Amy Berteletti — AMY BERTELETTI VICE PRESIDENT — Date: 10/20/16

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
D	STEFAN WIDING	611 CENTER RIDGE DR.	AUSTIN, TX 78753
P	AJAY JAIN	100 CENTURY CT, SUITE 800	SAN JOSE, CA 95112
CTO/V	VIKRANT GHAI	100 CENTURY CT, SUITE 800	SAN JOSE, CA 95112
T/S/D	LAURA CRUMLEY	611 CENTER RIDGE DR.	AUSTIN, TX 78753
V	MICHELE DEWITT	611 CENTER RIDGE DR.	AUSTIN, TX 78753
D	RODNEY GLASS	611 CENTER RIDGE DR.	AUSTIN, TX 78753

10. E-mail Address: JOE.GORSKI@ASSAABLOY.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] JOSEPH HURLEY 10/20/16 203-624-5225
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

FL010 - 05/17/2013 Wolters Kluwer Online

RG 10/31/16