

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 MAR -3 PM 2:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F95000005129

1. Corporation Name

Altris Software, Inc.

REINSTATEMENT 03-05

300047665873
03/03/05--01036--012 **450.00

2. Principal Office Address

10052 Mesa Ridge Ct

3. Mailing Office Address

same

Suite, Apt. #, etc.

100

Suite, Apt. #, etc.

City & State

San Diego, CA

City & State

Zip

92121

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/20/95

5. FEI Number

95-3634089

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

NRAI Services, Inc.

Street Address (P.O. Box Number is Not Acceptable)

526 E. Park Avenue

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

300047665873
03/03/05--01036--011 **638.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

NRAI Services, Inc.

Signature of

Registered Agent by:

Paul J. Hagan

Paul J. Hagan,
Assistant Secretary

Date September 30, 2004

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
CEO	Carl Mostert	10052 Mesa Ridge Ct, Suite 100	San Diego, CA 92121
CFO	John Low	10052 Mesa Ridge Ct, Suite 100	San Diego, CA 92121
VP	Johann Leitner	10052 Mesa Ridge Ct, Suite 100	San Diego, CA 92121
VP	Pierre DeWet	10052 Mesa Ridge Ct, Suite 100	San Diego, CA 92121
VP	Mark Schneider	10052 Mesa Ridge Ct, Suite 100	San Diego, CA 92121
Director	Hilton Isaacman	10052 Mesa Ridge Ct, Suite 100	San Diego, CA 92121

10. 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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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:

JOHN LOW, CFO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John Low
Date 9/3/04

858-625-3000

Daytime Phone #

CR2E081 (10/02)