

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED  
FILED

02 NOV -8 PM 3:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 799000006119

**1. Corporation Name**

BLUE MARTINI SOFTWARE INC.

**2. Principal Office Address**

2600 Campus Drive

**3. Mailing Office Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 100

City & State

San Mateo

City & State

Zip

CA 94403

Country

San Mateo

Zip

Country

**REINSTATEMENT** 2000-2002

**4. Date Incorporated or Qualified  
To Do Business in Florida**

11/29/1999

**5. FEI Number**

94-3319751

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

Corporation Service Company

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

1201 Hays Street

000008892610

Suite, Apt. #, Etc.

City

Tallahassee

State  
**FL**

Zip Code

32301

**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

Cynthia L. Harris

**Cynthia L. Harris  
as its agent**

REGISTERED AGENT MUST SIGN

Date

11/8/02

**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	ZWEBEN, MONTE	2600 Campus Drive	San Mateo, CA 94403
CFO	CELL, ROBERT	2600 Campus Drive	San Mateo, CA 94403
D	GAITHER, JAMES	one Maritime plaza, 20th floor	San Francisco, CA 94111
D	Zuendt, William	31 Manzanita Place	Mill Valley, CA 94941
D	Verhalen, Andrew	Matrix Partners 2500 Sand Hill Road #113	Menlo Park, CA 94025
D	Buchanan, Dave	2600 Campus Drive	San Mateo, CA 94403

**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)(l), 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: X 306

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/06/02

Date

650-356-7683

Daytime Phone #

CR2E081 (9/01)



ACCOUNT NO. : 072100000032

REFERENCE : 813595 7233804

AUTHORIZATION :

COST LIMIT : \$ 1058.75

*Patricia Pizic*

ORDER DATE : November 8, 2002

ORDER TIME : 12:16 PM

ORDER NO. : 813595-005

CUSTOMER NO: 7233804

CUSTOMER: Mr. Hiep Le  
Blue Martini Software  
2600 Campus Drive  
San Mateo, CA 94402

RECEIVED  
02 NOV -8 PM 1:03  
DIVISION OF CORPORATION

REINSTATEMENT

NAME: BLUE MARTINI SOFTWARE, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY  
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Norma Hull

EXAMINER'S INITIALS \_\_\_\_\_