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FILED

15 OCT 16 PM 3:00

SECRETARY OF STATE
TALLAHASSEE FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M07000004827

1. Limited Liability Company's Name
TriplePoint Capital, LLC

OCT 16 2015

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box#	3. Mailing Office Address
2755 Sand Hill Road	2755 Sand Hill Road
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Menlo Park, CA	City & State: Menlo Park, CA
Zip: 94025 Country: USA	Zip: 94025 Country: USA

4. State/Country of Formation: Delaware

5. Date Organized or Qualified To Do Business in Florida: 08/09/2007

6. FEI Number: 30-1144714 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a certificate of status

8. Name and Address of Current Registered Agent

Name: NRAI Services, Inc.

Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc.: 1200 South Pine Island Road

City: Plantation State: FL Zip Code: 33324

REINSTATEMENT 2013-2015

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent: James M. Halpin, Assistant Secretary Date: 10/14/15

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
Manager	James Labe	2755 Sand Hill Road	Menlo Park, CA 94025
Manager	Sajal Srivastava	2755 Sand Hill Road	Menlo Park, CA 94025
Manager	Michael Gontar	2755 Sand Hill Road	Menlo Park, CA 94025
Manager	Robert Toan	2755 Sand Hill Road	Menlo Park, CA 94025
Manager	Steven Tenenbayev	2755 Sand Hill Road	Menlo Park, CA 94025

11. E-mail Address: hzagunis@triplepointcapital.com
(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirement of section 605.0012, F.S., and that all fees owed by the limited liability company have been paid. 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 of authorized representative/member: Harold Zagunis Date: 10/5/15 Daytime Phone #: (650) 854-2090

Typed or printed name of signing authorized representative/member: Harold Zagunis, Authorized Representative

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Florida Department of State

Division of Corporations

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LIMITED LIABILITY REINSTATEMENT
TRIPLEPOINT CAPITAL, LLC

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