


2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000050886		
1. Entity Name TINTRI, INC.		

Principal Place of Business 2911 BRIDGEPORT AVENUE CORAL GABLES, FL 33133	Mailing Address 2911 BRIDGEPORT AVENUE CORAL GABLES, FL 33133
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

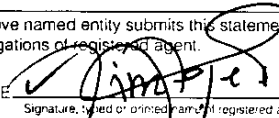
FILED
07 NOV 27 PM 4: 51
CLERK OF THE STATE
TALLAHASSEE, FLORIDA



4. FEI Number 20-4371131	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MARQUEZ, IDA C 2911 BRIDGEPORT AVENUE CORAL GABLES, FL 33133	
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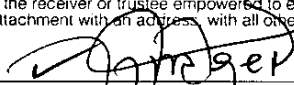
7. Name and Address of New Registered Agent Name <u>TRINA TEJEDA</u> Street Address (P.O. Box Number is Not Acceptable) <u>2911 Bridgeport Ave.</u> City <u>MIA</u> FL Zip Code <u>33133</u>	
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE 	Date <u>10/12/07</u>

FILE NOW!!! FEE IS \$150.00 After January 1, 2008, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARQUEZ, IDA C <input checked="" type="checkbox"/> Delete 2911 BRIDGEPORT AVENUE CORAL GABLES, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TEJEDA, TRINA <input type="checkbox"/> Delete 2911 BRIDGEPORT AVENUE CORAL GABLES, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 100112536511 11/27/07--01012--002 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	
SIGNATURE: 	Date <u>10/12/07</u>