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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000029985

REINSTATEMENT 05

CR2E081 (B/05)

1. Corporation Name
Captiva Software, Inc.

2. Principal Office Address	3. Mailing Office Address
12973 SW 112th Avenue	333 Earle Ovington Blvd
Suite, Apt. #, etc: #184	Suite, Apt. #, etc: Suite 210
City & State: Miami, Florida	City & State: Uniondale, New York
Zip: 33186 Country: USA	Zip: 11553 Country: Nassau

4. Date Incorporated or Qualified To Do Business in Florida: April 1, 1997

5. FEI Number: 65-0740625 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: CT Corporation System

Street Address (P.O. Box Number is Not Acceptable): c/o CT Corporation System, 1200 S. Pine Island Road

Suite, Apt. #, Etc:

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

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: Arlene Bernal - Arlene Bernal, Vice President Date: 11/22/05

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	Alan Cohen, Director	333 Earle Ovington Blvd.	Uniondale, NY 11553
Pres.	John Gedney, Director	333 Earle Ovington Blvd.	Uniondale, NY 11553
VP, Sec	John E. Donahue	333 Earle Ovington Blvd.	Uniondale, NY 11553

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: [signature] 11-15-05 516-414-7013

SIGNATURE AND TYPED OR PRINTED NAME OF EXISTING OFFICER OR DIRECTOR — Date — Daytime Phone #

FLD10 - 9/14/05 CT System Online

M. Williams NOV 23 2005

Florida Department of State
Division of Corporations
Public Access System

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CORPORATION REINSTATEMENT

CAPTIVA SOFTWARE, INC.

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