PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2015 JAN 28 AM 8:55

DOCUMENT # F13000000109

1. Corporation Name
Blue Ware, Inc

0002688 75390
01/28/15 01034 009

CR2E081 (11/10)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
202 WEST DR	202 WEST DR
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Melbourne FL	City & State: Melbourne, FL
Zip: 32904 Country: USA	Zip: 32904 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number: 38-3099812 — 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: Rose M Harr
Street Address (P.O. Box Number is Not Acceptable): 1437 Pineapple Ave
Suite, Apt. #, Etc.: 502
City: Melbourne State: FL Zip Code: 32935

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: Rose M. Harr — REGISTERED AGENT MUST SIGN — Date: 1/22/15

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
	Rose M Harr	1437 Pineapple Ave. #502	Melbourne, Fl 32935
	REINSTATEMENT		
	2014-2015		

10. E-mail Address: rabren@blueware.net.
(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, 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: Rose M. Harr — 1/22/15 — 281-680-4493
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

JAN 28 2015

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