

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED  
2 NOV 25 AM 10:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000100478

1. Corporation Name  
ADMINWARE, INC.

2. Principal Office Address  
750 94TH AVENUE NORTH  
Suite, Apt. #, etc.  
SUITE 213

3. Mailing Office Address  
P.O. BOX 20757  
Suite, Apt. #, etc.

City & State  
ST. PETERSBURG, FL

City & State  
ST. PETERSBURG, FL

Zip Country  
33702-2453 US

Zip Country  
33742-0757 US

4. Date Incorporated or Qualified  
To Do Business in Florida 10/16/2001

5. FEI Number  Applied For  
 Not Applicable

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status

900009202739  
11/25/02--01066--003 \*\*150.00

7. Name and Address of Current Registered Agent

Name  
FUTURESIGHTS, INC.

Street Address (P.O. Box Number is Not Acceptable)  
750 94TH AVENUE NORTH

Suite, Apt. #, Etc.  
SUITE 213

City  
ST. PETERSBURG

State  
FL

Zip Code  
33702-2453

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

REGISTERED AGENT MUST SIGN

Date 11/11/2002

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
P	BEAZLEY, PHILLIP C	750 94TH AVENUE NORTH, STE 213	ST. PETERSBURG, FL 33702-2453
V	BEAZLEY, GLORIA S	750 94TH AVENUE NORTH, STE 213	ST. PETERSBURG, FL 33702-2453

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: Phillip Beazley PHILLIP BEAZLEY  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/11/2002 727-578-9600 x204  
Date Daytime Phone #

*J 12/2/02*

CS2E081 (8/01)

# adminware

750 94<sup>th</sup> Ave. N. Suite 213  
St. Petersburg, Florida 33702  
V: (727) 578-9600 — F: (727) 578-9665  
<http://adminware.com/>

November 10, 2002

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Enclosed is our application for application for reinstatement. Per a telephone conversation with a representative of the reinstatement department, I have enclosed the original filing fee of \$150.00 for our Uniform Business Report for 2002 as we never received it via mail to be filed.

If you have any questions or need further information, please let me know.

Thank you!



Phillip Beazley  
President  
adminware, inc.