2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F06000002289

Entity Name: MOVERO TECHNOLOGY, INC.

FILED Oct 29, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1905-B KIRAMER LANE SUITE 700 1905B KRAMER LANE SUITE 700 AUSTIN, TX 78758

AUSTIN, TX 78758

Current Mailing Address: New Mailing Address:

1905-B KIRAMER LANE SUITE 700 1905B KRAMER LANE SUITE 700

AUSTIN, TX 78758 AUSTIN, TX 78758

FEI Number: 27-0058189 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

H. SPENCE JACKSON C/O MOVERO TECHNOLOGY 3301 NORTH ROCKY POINT DRIVE TAMPA, FL 33607 US

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.

SIGNATURE: SPENCE JACKSON

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: **PCFO** () Delete Title: CFO (X) Change () Addition

FRIEDMAN, BRUCE Name: Name: GRAY, MELANIE 9216 LEMONCILLO 5006 AVENUE H Address: Address: City-St-Zip: AUSTIN, TX 78750 City-St-Zip: AUSTIN, TX 78751

CS Title: Title: () Delete () Change () Addition

Name: H. SPENCE JACKSON. Name: 2 BEECHER LANE Address: Address: City-St-Zip: AUSTIN, TX 78746 City-St-Zip:

() Delete Title: Title: FVP FVP (X) Change () Addition

FAY, ROBERT W BURNS, JEFF Name: Name: 10203 PICKFAIR COVE 2216 TARL TON Address: Address:

City-St-Zip: AUSTIN, TX 78746 City-St-Zip: AUSTIN, TX 78750

Title: CFO () Delete Title: CNTR (X) Change () Addition

FAY, ROBERT W SCHORLEMER, LIVIA Name: Name: Address: 2216 TARLTON Address: 4500 CRESTWAY DR. City-St-Zip: City-St-Zip: **AUSTIN, TX 787496** AUSTIN, TX 78731

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LIVIA SCHORLEMER CNTR 10/29/2008