PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #	F96000000162
DOCUMENT #	I SUUUUUUU IUZ

1. Corporation Name

LIGHTWARE INCORPORATED

Principal Place of Business

Mailing Address

#8, 300 W. MITCHELL HAMMOCK RD

#8, 300 W. MITCHELL HAMMOCK RD

FILED

97 HOV -6 AH 9: 16

OCCUPIENT OF STATE TALLARMOSEE, FLORIDA



OVIEDO FL 32765 OVIEDO FL 32765					T LOGILLOC SILLE SOLLE SUNLI BONI BELIN BONN BONN DONN DONN 1909 DILLE SUNLE S				
		incorrect in any way, line th							
New Principal Office Address, If Applicable 3. New Ma				iling Office Address, ff Applicable 4		4. Date Inco To Do Bu	Date Incorporated or Qualified To Do Business in Florida 01/10/1996		
Sulte, Apt. #, etc. Suite, Apt. 4					5. FEI Numb		·		
City & State City & State			110			31-1449689 Applied For Not Applicable			
Z ip Country			Zip Country		Country	6. CERTIFICATE OF STATUS DESIRED For a Certificate of Status			
7. Names	and Street Ad	dresses of Each Officer and	or Director (F	lorida nonprofit					
Title(s) 1	e(s) Name of Officers and/or Directors 2			Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box N			City / State / Zip		
XPX	CHEN,XXHOEN I SEE ATTACHED 23X6XPMNEBRO 300 MITCH			BROOK XX. I'CHELL HAMMOCK	OVIEDO FL 32766 32765 K RD #8				
XWX	EX, BINKANIA	MINIGYN SEE ATT	ACHED		DENWOOD XR. PCHELL HAMMOCK	RD #8	ORLANDO FL 32817X 32765		
XSPCX	OHEN,XDE	AUX SEE ATT	ACHED		BROOKXX . PCHELL HAMMOCK	RD #8	OVIEDO FLXXX766 32765		
XQ	QHONGXSHEWXXX SEE ATTACHED			1651 X SEMORAN NORTH CIRCLE X#101 300 MITCHELL HAMMOCK RD #8			WWYENHANK XX XXXXX OVIEDO, FL 32765		
,					REINSTA	TEM	NT 97	- SL 11-10-	
B. Name and Address of Current Registered Agent						9. Name and	Address of New Registered	Agent	
CHEN, DERLI #8, 300 W. MITCHELL HAMMOCK RD OVIEDO FL 32765				Street Address (Suite, Apt. #, Etc		State	0 ****750.00		
40 1 641-						NII - 10T	FL POZZES	<u>. L</u>	
Signature of Registered	of	e registered agent of the ab	4	GENT MUST SI	71	T = .		>-97	
		ration owes or h Personal Proper				No 🗌	(See other size on intal	de for information ngible tax.)	
							hapter 607 or 617, F.S. I further ts of section 607.0401 or 617.0		

2. I ortify 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:

SNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-2-97

407-977

AFFIDAVIT

STATE OF FLORIDA **COUNTY OF ORANGE**

BEFORE ME THIS DAY PERSONALLY APPEARED CHIEN L. CHEN, SIEW WOON CHONG AND DERLI CHEN WHO, BEING DULY SWORN, DEPOSE AND SAY THE OFFICERS OF LIGHTWARE INCORPORATED HAVE CHANGED AND REQUEST THAT THE SECRETARY OF STATE RECORD THE FOLLOWING APPOINTMENTS:

PRESIDENT:

SIEW WOON CHONG

VICE PRESIDENT:

DERLI CHEN

TREASURER: SECRETARY:

DERLI CHEN

SIEW WOON CHONG

DAY OF

SWORN TO AND SUBSCRIBED BEFORE ME THIS
OCTOBER A. D., 199 7

Kathryn V. Ross
Notary Public, State of Florida
Commission No. CC 491919
My Commission Expires 08/27/99
1-800-3-NOTARY - Fla. Notary Service & Bending Commission Commission Commission Commission Expires 08/27/99

NOTARY PUBLIC STATE OF FLORIDA