>>> PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| CORPORATION REINSTATEMENT Socretary of State DIVISION OF CORPORATIONS DOCUMENT# F9900005666 1. Copporation Name WARE ENTER PRISES, TWORPOLATED 2. Principal Office Address - No P.O. Box # 5728 Major Buld Sulfs And Rev Sulfs | | | | | | \neg | FILED | | |
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| DOCUMENT # F99 00 000 5666 1. Corporation Name WARE ENTER PRISES, TWORRPOLATED 2. Principal Office Address - No P.O. Box # 5728 Major Blund 2. Principal Office Address - No P.O. Box # 5728 Major Blund 2. Principal Office Address - No P.O. Box # 5750, 00 2. P | CORPORATION Secretary of State | | | | | E | rileu | | |
| TALLAHASSEE, FLORIDA 1. Corporation Name WARE ENTER PRISES, TWCoRPOLATED 200133E68102 07/10/0801040006 ***750.00 2. Principal Office Address - No P.O. Box # 5728 Mangar Boud 672 State Coy & State Coy & State Country 673 Country 673 Country 674 Certificate of Status 675 FEN Number 77. Name and Address of Current Registered Agent Name MARK COFFMAN Street Address (P.O. Box Number is Not Acceptable) 57440 Cox FERD Medical Provided by Country File 34786 8. 1, being appointed the registered agent of the above named corporation, and familiar with and accept the obligations of section 807.0505 or 617.0503, P.S. Signatured agent File 34786 9. Names and Street Addresses of Each Officer and Order (Prindia norporation corporations must est at least 3 directors) Files Concerns and of Corporation of the agreement of the | REINSTALE | MENT | ####P! | - | | 2008 | 3 JUL 10 AM 9:4 | .4 | |
| 2. Principal Office Address - No P.O. Box # 5728 MATOR BUND Suite, Apt. #, etc. 5728 MATOR BUND Suite, Apt. #, etc. Suite, Apt. #, etc. Cry & State CRY & | | | | | | | | | |
| Suita, Apt. 8, etc. ORLANDO, FLORIDA ORLANDO, FLORIDA Jay Country Jay Country Jay To. Name and Address of Current Registered Agent Name Name NARK COFFMAN Street Address (P.O. Box Number is Not Acceptable) Street Address of Each Officer and or Director (P.O. Box Number is Not Acceptable) Street Address of Each Officer and or Director (P.O. Box Number is Not Acceptable) Street Address of Each Officer and or Director (P.O. Box Number is Not Acceptable) Street Address of Each Officer and or Director (P.O. Box Number is Not Acceptable) Street Address of Each Officer and or Director (P.O. Box Number is Not Acceptable) Street Address of Each Officer and or Director (P.O. Box Number is Not Acceptable) Street Address of Each Officer and or Director (P.O. Box Number is Not Acceptable) Street Address of Each Officer and or Director (P.O. Box Number is Not Acceptable) Street Address of Each Officer and or Director (P.O. Box Number is Not Acceptable) Street Address of Each Officer and or Director (P.O. Box Number is Not Acceptable) Street Address of Each Officer and or Director (P.O. Box Number is Not Acceptable) Street Address of Each Officer and or Director (P.O. Box Number is Not Acceptable) Street Address | WARE | ENTERP | RISES, I | WCORP | OLA TED | 21 07/19 | 00132668 0/0801040006 | 102 8 **750.00 | |
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| Titles Officer and/or Directors Titles Officers and/or Directors Titles | | 7. Name and Add | lress of Current Regis | tered Agent | | | | | |
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