

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT  
FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

AND  
FILED

02 OCT 29 AM 9:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000009981

Name and Mailing Address

0008979 01 FP 0.352 \*\*PRSRT H9 0 0615 32082-453329



BIZWARE, LLC

3029 S. A1A

PONTE VEDRA BEACH FL 32082-4533

REINSTATEMENT 2002



2. New Mailing Address

24 CATHEDRAL PLACE, SUITE 600

City, State, Zip  
ST. AUGUSTINE, FL 32084

Principal Place of Business

3029 S. A1A  
PONTE VEDRA BEACH FL 32082

3. New Principal Place of Business Address

24 CATHEDRAL PLACE #600

City, State, Zip  
ST. AUGUSTINE, FL 32084

4. State/Country of Formation

FL

5. Date Organized or Qualified  
To Do Business in Florida

06/18/2001

6. FEI Number

59-372 3980

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required  
for a Certificate of Status

8. Name and Address of Current Registered Agent

SMITH, D. JACKSON  
3029 S. A1A  
PONTE VEDRA BEACH FL 32082

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date 10-24-02

11. Names and Street Addresses of Each Managing Member/Manager

| Title(s)  | Name of Managing Members/Managers | Street Address of Each Managing Member/Manager | City / State / Zip          |
|-----------|-----------------------------------|--|-----------------------------|
| President | JACK SMITH                        | 3029 S A1A (PVB)                               | PONTE VEDRA BEACH, FL 32082 |
| CTO       | KARL KRAMER                       | #3 BIRCHSWEET LANE                             | ST. LOUIS, MO. 63138        |

500008643505  
10/29/02--01028--003 \*\*155.00

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of  
Managing Member/Manager

Date 10-24-02 Daytime Phone # 888-819-3821 EXT.1

Typed or printed name of signing Managing Member/Manager

D. JACKSON SMITH