

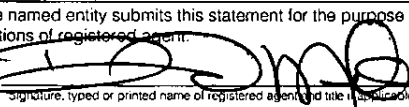
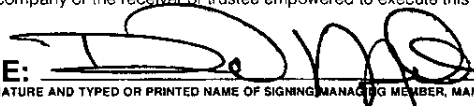


2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 NOV 22 AM 8:22

DOCUMENT # L02000031957 1. Entity Name IDEAWARE, L.L.C.					
Principal Place of Business 1301 SOUTH ORLANDO AVENUE, SUITE B COCOA BEACH, FL 32931				Mailing Address 1301 SOUTH ORLANDO AVENUE, SUITE B COCOA BEACH, FL 32931	
2. Principal Place of Business 55 SEA PARK BLVD Suite, Apt. #, etc. #315		3. Mailing Address 55 SEA PARK BLVD Suite, Apt. #, etc. #315			
City & State SATELLITE BEACH FL		City & State SATELLITE BEACH FL		4. FEI Number 03-0496445	
Zip 32937		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MILLER, DAVID H 1301 SOUTH ORLANDO AVENUE, SUITE B COCOA BEACH, FL 32931				7. Name and Address of New Registered Agent Name DAVID H. MILLER Street Address (P.O. Box Number is Not Acceptable) 55 SEA PARK BLVD #315 City SATELLITE BEACH FL Zip Code 32937	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE  DATE 11-19-05 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$200.00				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRP MILLER, DAVID 1301 S. ORLANDO AVE., STE B COCO BEACH, FL 32931 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRP MILLER, DAVID 55 SEA PARK BLVD #315 SATELLITE BEACH FL 32937 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: 				Date 11-19-05 C321604 2786	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				<small>Date Daytime Phone #</small>	