PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 JAN 10 AM 11:18

DOCUMENT # P03000141837

1. Corporation Name

BLUEARC MANUFACTURING CORP

100082443511
12/11/06--01059--011 **750.00

REINSTATEMENT 05-06

2. Principal Office Address	3. Mailing Office Address
3560 MOYE TRAIL	3560 MOYE TRAIL
Suite, Apt. #, etc	Suite, Apt. #, etc
City & State: DULUTH, GA	City & State: DULUTH, GA
Zip: 30097-6216 Country: USA	Zip: 30097-6216

4. Date Incorporated or Qualified To Do Business in Florida: 11/21/03

5. FEI Number: 550852561 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: JOAN M SALVESON

Street Address (P.O. Box Number is Not Acceptable): 1562 STORMWAY COURT

100082443511
01/23/07--01020--005 **150.00

Suite, Apt. #, Etc.

City: APOPKA State: FL Zip Code: 32712

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: Joan M Salveson Joan M Salveson REGISTERED AGENT MUST SIGN Date: 12-7-06 1-8-07

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres	STUART COHEN	3560 MOYE TRAIL	DULUTH, GA 30097-6216
VP	DOUG WARD	2763 MEADOW CHURCH, #206	DULUTH, GA 30097-6216

10. I certify 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 contained in Chapter 119, 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: Doug Ward 12/7/06 770-8147199
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #