

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P03000141837			
1. Corporation Name BLUEARC MANUFACTURING CORP			
2. Principal Office Address 3560 MOYE TRAIL		2. Mailing Office Address 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	

 FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

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

 REINSTATEMENT 05-06
 CREE681 (12/06)

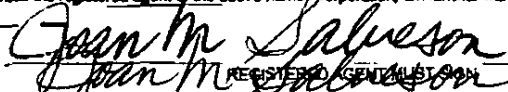
4. Date Incorporated or Qualified To Do Business in Florida 11/21/03	
5. FEELING STATE 550852561	Applied For ☐ Not Applicable
6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name JOAN M SALVESSON	
Street Address (P.O. Box Number is Not Acceptable) 1562 STORMWAY COURT	
Suite, Apt. #, Etc.	
City APOPKA	State / Zip Code FL 32792

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

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


 REGISTERED AGENT

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

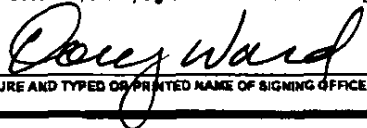
10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



12/7/06 770-8147199