

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 JUN 26 PM 1:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *P9400024592*

1. Corporation Name
Mediaware, Inc.

2. Principal Office Address
100 SE Second Street

3. Mailing Office Address
100 SE Second Street

Suite, Apt. #, etc.
2700

Suite, Apt. #, etc.
2700

City & State
Miami, FL

City & State
Miami, FL

Zip Country
33131 USA

Zip Country
33131 USA

100057344951
07/12/05--01031--024 **1950.00

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number
65-0492882

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
Robert Zarco

Street Address (P.O. Box Number is Not Acceptable)
100 SE Second Street,

Suite, Apt. #, Etc.
2700

City
Miami

State Zip Code
FL 33131

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 _____

Date _____

REGISTERED AGENT MUST SIGN

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
P,VP	Robert Zarco	100 SE Second Street, #2700	Miami, FL 33131
S,T	Robert Zarco	100 SE Second Street, # 2700	Miami, FL 33131
D	Robert Zarco	100 SE Second Street, #2700	Miami, FL 33131

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 under section 119.07(3)(i), 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

6/20/05

Date

305-374-5418

Daytime Phone #

CR2E081 (01/05)