

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P99000038852

FILED
Oct 25, 2006
Secretary of State

Entity Name: GROUPWARE COMMUNICATIONS, INC.

Current Principal Place of Business:

5201 BLUE LAGOON DRIVE
8TH FLOOR
MIAMI, FL 33126

New Principal Place of Business:

13800 SW 8TH ST
158
MIAMI, FL 33184

Current Mailing Address:

5201 BLUE LAGOON DRIVE
8TH FLOOR
MIAMI, FL 33126

New Mailing Address:

13800 SW 8TH ST
158
MIAMI, FL 33184

FEI Number: 65-0915015

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KEITH, COLIN PD
1182 NW 127TH CT
MIAMI, FL 33182 US

Name and Address of New Registered Agent:

KEITH, COLIN PD
18551 SW 104 ST
MIAMI, FL 33196 US

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.

SIGNATURE: COLIN KEITH

10/25/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: KEITH, COLIN J
Address: 1182 NW 127TH COURT
City-St-Zip: MIAMI, FL 33182

Title: VSTD () Delete
Name: LAROCQUE, MONICA E
Address: 1182 NW 127TH COURT
City-St-Zip: MIAMI, FL 33182

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: KEITH, COLIN J
Address: 18551 SW 104 ST
City-St-Zip: MIAMI, FL 33196

Title: VSTD (X) Change () Addition
Name: LAROCQUE, MONICA E
Address: 18551 SW 104 ST
City-St-Zip: MIAMI, FL 33196

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: COLIN KEITH

PD

10/25/2006

Electronic Signature of Signing Officer or Director

Date