PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 MAY 10 PM 1:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S77525

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-05/23/02--01071--034

1. Corporation Name
TechWare Resources Corp.

2. Principal Office Address
5803 Chipola Circle

Suite, Apt. #, etc.

City & State
Orlando Florida

Zip 32839 Country USA

3. Mailing Office Address
5803 Chipola Circle

Suite, Apt. #, etc.

City & State
Orlando, Florida

Zip 32839 Country USA

4. Date Incorporated or Qualified To Do Business in Florida 8/28/1991

5. FEI Number 65-0287598 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 Coleman, Robert Grant

Street Address (P.O. Box Number is Not Acceptable) 5803 Chipola Circle

Suite, Apt. #, Etc.

City Orlando State FL Zip Code 32839

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 [signature] Date 3-19-2002

REGISTERED AGENT MUST SIGN

CR2E081 (9/01)

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
D.P.	Coleman, Robert G.	5803 Chipola Circle	Orlando, FL 32839
DST	Coleman, Belixa	5803 Chipola Circle	Orlando, FL 32839

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] 3-19-2002 407-816-6003

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

TechWare Resources Corporation
5803 Chipola Circle Orlando, FL 32839 407-816-6003

March 19, 2002

Florida Dept. of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL. 32314

Subject : Corporate Reinstatement Fee

We have relocated to Orlando in December of 2000. Our new address is below. We forwarded all mail, however we never received our annual report form for Techware Resources Corp. We have just discovered this at your state web site. Please accept our annual report fee and waive the reinstatement fee. Also, would you please correct our new address on file in your office.

Please send us the annual report for 2002.

Thank you for your attention in this matter.

Bob Coleman
President
TechWare Resources Corp.

TechWare Resources Corporation
5803 Chipola Circle
Orlando, Fl. 32839
407-816-6003