PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. SECRETARY OF STATE DIVISION OF CORPORATIONS FLORIDA DEPARTMENT OF STATE CORPORATION Secretary of State REINSTATEMENT 03 DEC 10 PM 12: 24 DIVISION OF CORPORATIONS DOCUMENT # V28934 1. Corporation Name The Panda Project, Inc. 2. Principal Office Address 3. Mailing Office Address Box 174 Mills Road 186 Mills Road Suite, Apt. #, etc. Suite, Apt. #, etc. 4. Date Incorporated or Qualified 04/08/1992 To Do Business in Florida City & State City & State Secure. 5. FEI Number Applied For Purdys, New York North Salem, New York 650323354 Not Applicable Zip Country Country \$8.75 Additional Fee required CERTIFICATE OF STATUS DESIRED | 10560 10578 USA USA for a Certificate of Status 7. Name and Address of Current Registered Agent Kerry E. Barberet Street Address (P.O. Box Number is Not Acceptable) 2432 Southridge Road Suite, Apt. #, Etc. State Zip Code **Delray Beach** 33444 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 Age STERED AGENT MUST SIGN 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Directors Street Address of Each Titles City / State / Zip Officer and/or Director D Wiiliam E. Ahearn 186 Mills Road North Salem/NY/10560 D Joel Pensley 211 Schoolhouse Road Norfolk/CT/06098 ( - *!* ! 3 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 filling 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.

SIGNING OFFICER OR DIRECTOR

SIGNATURE:

12/10

December 1, 2003

Mr. Andy Dunlap Flordia Department of State Division of Corporations 409 East Gaines St. Tallahassee, FL 32399

Reference: Document # V28934

Dear Mr. Dunlop,

Thank you for taking a few minutes with me on the phone today. As we discussed I am writing this letter to you request a waiver for the first year my company was placed on the inactive list. It appears that we did not receive notification due perhaps to an error in the data base or due to the fact mail was not forwarded to the new company mailing address from Florida.

I would deeply appreciate any consideration you can give us here. Please find a check for \$600.00 to cover expense if the waiver is granted.

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Sincerely your,

William E. Ahearn

President

