

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

1998 FEB -9 AM 11:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS



DOCUMENT # H64134

1. Corporation Name

MICO Industries, Inc.

Principal Place of Business

2416 N.E. 18th Ave
WILTON MANORS, FL. 33305
US

Mailing Address

251 Wheeler St.
SHARON, PA 16146
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

251 Wheeler St.

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

4. Date Incorporated or Qualified To Do Business in Florida

06/27/85

Suite, Apt. #, etc.

5. FEI Number

59-2631636

Applied For

Not Applicable

City & State

SHARON PA

City & State

Zip

16146

Country

USA

Zip

Country

CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| 1 Title(s) | 2 Name of Officers and/or Directors | 3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) | 4 City / State / Zip |
|------------|-------------------------------------|---|-------------------------|
| C | Minica, Michael | 2416 N.E. 18 th Ave | WILTON MANORS, FL 33305 |
| P/D | Galligos, Robert | 251 Wheeler St. | SHARON, PA 16146 |
| D | Minica, Rebecca | 251 Wheeler St. | SHARON, PA 16146 |
| D | Colella, Louis V. | 251 Wheeler St. | SHARON, PA 16146 |
| D | Anderson, Crispin A. | 251 Wheeler St. | SHARON, PA 16146 |

8. Name and Address of Current Registered Agent

TANEN, JEFFREY S.

2 South Biscayne Blvd.
Suite 3250
MIAMI FL 33131

Name

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

40002429164--9

Suite, Apt. #, Etc.

-02/12/98--01079--010

***\$300.00 ***\$900.00

City

State

Zip Code

FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date

1-7-98

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No

(See other side for information on intangible tax.)

12. 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] Crispin A. Anderson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-6-98 (412)346-2060
Daytime Phone #

CFR2E040 (12/96)