


2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # K51093

1. Entity Name
MICRO TYPING SYSTEMS, INC.



FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

05 MAR 11 AM 9:16

01/24/05 01010 013 \$908⁷⁵

Principal Place of Business
 1295 SW 29TH AVE
 POMPANO BEACH, FL 33069 US

Mailing Address
 ONE JOHNSON & JOHNSON PLAZA
 NEW BRUNSWICK, NJ 08933 US



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

10282004 REIN-P CR2E09B (6/04)

City & State
 City & State

4. FEI Number
 65-0173561

Applied For
 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 CT CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Hillary England* Hillary England 3/4/05
Signature, hand or printed name of registered agent and filer of application (NOTE: Registered agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$750.00
 After January 1, 2005, Fee will be \$900.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BURZIK, CATHERINE M 1 JOHNSON & JOHNSON PLAZA NEW BRUNSWICK, NJ 08933 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S COUGHLIN, MICHAEL D 1 JOHNSON & JOHNSON PLAZA NEW BRUNSWICK, NJ 08933 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Cliff Holland 1001 US Hwy 202 Raritan, NJ 08869 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Finance VP Robert Clark 1001 US Hwy 202 Raritan, NJ 08869 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplements, reports true and accurate and that my 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 the report as required by Chapter 807, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, and all other like statements.

SIGNATURE: *Robert Clark* Robert Clark 3/7/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE