

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

10 MAY 10 AM 7:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600180667406
05/10/10--01077--020 **750.00

CR2E081 (11/09)

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K51093

1. Corporation Name
Micro Typing Systems, Inc.

2. Principal Office Address - No P.O. Box # <u>1745 South Island 24th Ave.</u>		3. Mailing Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <u>Pompano Beach, Florida</u>		City & State	
Zip <u>33069</u>	Country <u>USA</u>	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida 12/13/1988

5. FEI Number 65-0173561

Applied For	<input type="checkbox"/>
Not Applicable	<input checked="" type="checkbox"/>

6. CERTIFICATE OF STATUS DESIRED \$875 Additional Fee required for Certificate of Status

7. Name and Address of Current Registered Agent

Name
IT Corporation System

Street Address (P.O. Box Number is Not Acceptable)
1700 South Pine Island Beach

Suite, Apt. #, Etc.

City
Plantation

State
FL

Zip Code
33324

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and certify that the corporation is in good standing under the laws of the State of Florida, Chapter 607 or 617, F.S.

Signature of Registered Agent Madonna Cuddihy **Special Assistant Secretary**

Date 3-12-2010

REGISTERED AGENT MUST SIGN

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
President	<u>Mark Straley</u>	<u>1001 US Highway, Route 202</u>	<u>Paritan / N.J. / 08865</u>
VP-Finance	<u>Steven Barichtaris</u>	<u>1001 US Highway, Route 202</u>	<u>Paritan / N.J. / 08865</u>
VP	<u>Stewart Magloff</u>	<u>1001 US Highway, Route 202</u>	<u>Paritan / N.J. / 08865</u>

REINSTATEMENT **RH**

10. E-mail Address: mrevyaka@itsijni.com

(To be used for future annual report notification)

11. 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. I further certify, 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: Steven Barichtaris **Steven Barichtaris** 4.19.2010 908.431.9630

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