

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

00 OCT 30 AM 8:59

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # P99000103149

1. Corporation Name MICRO SNAP, INC.

Principal Place of Business 10601 BELCHER RD. SOUTH LARGO FL 33777 Mailing Address 10601 BELCHER RD. SOUTH LARGO FL 33777



REINSTATEMENT 00

2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable 4. Date Incorporated or Qualified To Do Business in Florida 11/22/1999 5. FEI Number 52-2203-667 Applied For Not Applicable 6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

Table with 4 columns: Title(s), Name of Officers and/or Directors, Street Address of Each Officer and/or Director, City / State / Zip. Includes entries for Burt Waters, James A. Stott, and Ronald Lee Faber.

300003463853-3 -11/15/00-01032-007 \*\*\*\*750.00 \*\*\*\*750.00

REINSTATEMENT 00 18

8. Name and Address of Current Registered Agent (Waters, Burt) 9. Name and Address of New Registered Agent

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 B. Waters Date 10/12/00 REGISTERED AGENT MUST SIGN

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 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: Burt Waters SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR BURT WATERS Date 10/12/00 Daytime Phone # 727/544-6800

CR2ED40 (8/00)