


2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
04 DEC 27 AM 9:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA.

DOCUMENT # F02000001823 1. Entity Name MICRO-SOCIETY, INC.					
Principal Place of Business 13 SOUTH 3RD ST., SUITE 500 PHILADELPHIA, PA 19106			Mailing Address 13 SOUTH 3RD ST., SUITE 500 PHILADELPHIA, PA 19106		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		Country	
6. Name and Address of Current Registered Agent RAJAN, PADMA 5363 MARSALA LANE JACKSONVILLE, FL 32244				7. Name and Address of New Registered Agent Name <u>Anita Sandler</u> Street Address (P.O. Box Number is Not Acceptable) <u>151 Crandon Blvd 305</u> City <u>Key Biscayne</u> FL Zip Code <u>33149</u>	
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 <u>Anita Sandler</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE <u>12-22-04</u>		(NOTE: Registered Agent signature required when reinstating)
FILE NOW!!! FEE IS \$61.25 After January 1, 2005, Fee will be \$122.50		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD MCCARTHY, DAVID 2463 SAN ANDRES WAY CLAREMONT, CA 91711	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FELDMAN, KIRSTEN 876 PARK AVE., APT. 9S NEW YORK, NY 10021	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FOSTER, WILLIAM H 633 3RD AVE., 19TH FL NEW YORK, NY 100178155	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WICKERSHAM, RICHARD B JR 510 WALNUT ST., SUITE 1000 PHILADELPHIA, PA 19106	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RICHMOND, GEORGE 13 SOUTH 3RD ST., SUITE 500 PHILADELPHIA, PA 19106	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KING-RICHMOND, CAROLYNN 13 SOUTH 3RD ST., SUITE 500 PHILADELPHIA, PA 19106	<input type="checkbox"/> Delete		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)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is 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 this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Carolyn King-Richmond</u> CK SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			DATE <u>10/26/04</u>		Daytime Phone # <u>215 922 4006</u>

REINSTATEMENT

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