

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 OCT 31 PM 5:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F02000001823**

1. Corporation Name

Micro Society, Inc.

REINSTATEMENT 05

CR2E081 (8/05)

2. Principal Office Address

135. 3rd Street

Suite, Apt. #, etc.

Suite 500

3. Mailing Office Address

135. 3rd Street

Suite, Apt. #, etc.

Suite 500

City & State

Philadelphia PA

City & State

Philadelphia, PA

Zip

19312

Country

US

Zip

19312

Country

US

4. Date Incorporated or Qualified To Do Business in Florida

March 14, 1991

5. FEI Number

23-2637830

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Grantsmanship

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

151 Crandon Blvd. #305

Suite, Apt. #, Etc.

#305

City

Key Biscayne

State

FL

Zip Code

33149

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent

[Handwritten Signature]

Date

10-27-05

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
CEO	Carolynn King Richmond	135. Third Street #500	Philadelphia, PA 19106
dir.	Wisslen Feldman	876 Park Avenue Apt 95	New York, NY 10021
dir.	David McCarthy	2643 San Andres Way	Claremont, CA 91711
			600061025626 10/31/05--01015--004 **236.25

10. 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:

[Handwritten Signature] CAROLYNN KING RICHMOND

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/13/05

Daytime Phone #

215.922.4006