

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 NOV -9 AM 9:29
APPROVED
AND
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

MicroVia, Inc. 361594

2. Principal Office Address

2121 San Jacinto

3. Mailing Office Address

2121 San Jacinto

Suite, Apt. #, etc.

2900

Suite, Apt. #, etc.

2900

City & State

Dallas

City & State

Dallas

Zip

75201

Country

USA

Zip

75201

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

3/20/70

5. FEI Number

59-1300910

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

Corporation Service Company

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

1201 Hays Street

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

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

Deborah D. Skipper

REGISTERED AGENT MUST SIGN

Deborah D. Skipper
Asst. V. Pres.

Date

11/8/2004

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
D	John C. Gilbert	2121 San Jacinto, Suite 2900	Dallas, TX 75201
D	Scott L. Kocurek	2121 San Jacinto, Suite 2900	Dallas, TX 75201

900042590589

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/4/04

, Date

214-379-9000

Daytime Phone #

CR2E081 (01/04)



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 958687 158900A

AUTHORIZATION :

Patricia Pizeto

COST LIMIT : \$ 750.00

ORDER DATE : November 5, 2004

ORDER TIME : 3:44 PM

ORDER NO. : 958687-005

CUSTOMER NO: 158900A

CUSTOMER: Ms. Sophie Boutemy De Guislain
The Pnl Companies
Suite 2900, San Jacinto Tower
2121 San Jacinto
Dallas, TX 75201

ANNUAL REPORT FILING

NAME: MICROVIA, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Darlene Ward - Ext. 2935

EXAMINER'S INITIALS: _____

RECEIVED
04 NOV -9 AM 8 48
DIVISION OF CORPORATION