

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 MAR 19 PM 2:56

**DOCUMENT # 625238**

**1. Corporation Name**

MICRO, INC.

**2. Principal Office Address**  
6080 SW 40 ST

**3. Mailing Office Address**  
SAME

Suite, Apt. #, etc.  
STE 10

Suite, Apt. #, etc.

City & State  
MIAMI, FLORIDA

City & State

Zip Country  
33155 USA

Zip Country

REINSTATEMENT 89-04

300031846753

**4. Date Incorporated or Qualified**  
To Do Business in Florida 05-17-1979

**5. FEI Number**  
59-1909227

Applied For  
Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐ \$6.75 Additional Fee required for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name  
MELVIN PACHECO

Street Address (P.O. Box Number is Not Acceptable)  
6080 SW 40 ST

Suite, Apt. #, Etc.  
STE 10

City  
MIAMI

State Zip Code  
FL 33155

**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

Date 03-18-2004

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
P	MELVIN PACHECO	6080 SW 40 ST	MIAMI, FL 33155

**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:**

03-18-2004

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/04)