

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

09 JUN 16 AM 10:11

DOCUMENT # F01000000507

1. Corporation Name

Micro-Comm, Inc.

2. Principal Office Address - No P.O. Box #

2612 Cameron Street

Suite, Apt. #, etc.

City & State

Mobile, AL

Zip

36607

Country

USA

3. Mailing Office Address

2612 Cameron Street

Suite, Apt. #, etc.

City & State

Mobile, AL

Zip

36607

Country

USA

CR2E081 (12/08)

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

1/25/2000

5. FEI Number
63-0876805

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

NRAI Services, Inc.

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

2731 Executive Park Drive

Suite, Apt. #, Etc.

Suite 4

City

Weston

State

FL

Zip Code

33331

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Affid
NRA 089

REGISTERED AGENT MUST SIGN

Date

6/16/09

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
P	David Sweatt	9 Kingsway	Mobile, AL 36608
S	Joyce Sweatt	5746 Greentree Road	Mobile, AL 36609

REINSTATEMENT

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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 contained in Chapter 119, 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

David Sweatt

6/5/09

Date

251-476-1000

Daytime Phone #