

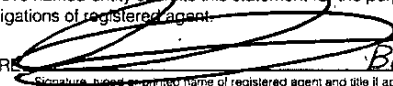
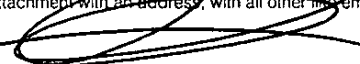


2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F03000005961 1. Entity Name GENERAL MICRO SYSTEMS, INC.						FILED 05 FEB 17 AM 8:24 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 8358 MAPLE PLACE RANCHO CUCAMONGA, CA 91729				Mailing Address 8358 MAPLE PLACE RANCHO CUCAMONGA, CA 91729			
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country				
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
SHARFI, BENJAMIN K 73 N. SEWALLS POINT ROAD STUART, FL 34996				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>			
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:  <small>Signature, typed or printed name of registered agent and title if applicable.</small>				BENJAMIN K. SHARFI PRESIDENT/CEO 11-15-04 <small>(NOTE: Registered Agent signature required when reinstating)</small> DATE			
FILE NOW!!! FEE IS \$750.00 After January 1, 2005, Fee will be \$900.00							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PC <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SHARFI, BENJAMIN K			NAME			
STREET ADDRESS	8358 MAPLE PLACE			STREET ADDRESS			
CITY-ST-ZIP	RANCHO CUCAMONGA, CA 91729			CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
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 607, 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 the empowered.							
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				BENJAMIN K. SHARFI 11-15-04 (909) 980-4863 <small>Date Daytime Phone #</small>			