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ISION OF CORPORATI

06 MAY 10 AM 7:56

PLEASE READ ALL INSTRUCTIONS BEFORE

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F04000004364

1. Corporation Name

Micro Stamping Corporation

2. Principal Office Address	3. Mailing Office Address
140 Belmont Drive	140 Belmont Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Somerset, NJ	City & State: Somerset, NJ
Zip: 08873 County: USA	Zip: 08873 County: USA

CR2E081 (12/05)

4. Date Incorporated or Qualified To Do Business in Florida: 7/29/2004

5. FEI Number: 22-2145568 ☐ 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: Elizabeth J. Daniels, Esq.

Street Address (P.O. Box Number is Not Acceptable): 911 Chestnut Street

Suite, Apt. #, Etc.:

City: Clearwater State: FL Zip Code: 33756

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0303, F.S.

Signature of Registered Agent: [signature] REGISTERED AGENT MUST SIGN Date: 5/5/2006

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
PC	Frank J. Semcer	360 Lake Road, P.O. Box 325	Far Hills, NJ 07931
S	Frank J. Semcer Jr.	50 Welsh Road	Lebanon, NJ 08833

REINSTATEMENT 05-06

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 upon 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] Frank J. Semcer Jr. 5-8-06 732-302-0800
SIGNATURE AND TYPED OR PRINTED NAME OF PERSON OFFICER OR DIRECTOR Date Daytime Phone #

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M. Williams MAY 10 2006