PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 NOV 15 PM 1:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F20927

1. Corporation Name

MICON SYSTEMS, INC.

Principal Place of Business	Mailing Address
C/O LARRY ANDERSON 107 SOUTH AVENUE FT. WALTON BEACH FL 32547 US	107 SOUTH AVE FT. WALTON BEACH FL 32547-0613 US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 99

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business In Florida: 02/23/1981

5. FEI Number: 59-2090181 — Applied For — Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	ANDERSON, L T	720 E SUNSET BLVD	FT WALTON BCH FL 32547
V	ANDERSON, D M	720 E SUNSET BLVD	FT WALTON BEACH FL 32547
~~TC~~	~~ANDERSON, J K~~	~~413A ODIN LN~~	~~FT WALTON BCH FL 32548~~
	Please remove.		
			300003062973--4
			-12/07/99--01049--006
			****750.00 ****750.00

8. Name and Address of Current Registered Agent

ANDERSON, LARRY
720 E. SUNSET BLVD.
FT. WALTON BEACH FL 32547

9. Name and Address of New Registered Agent

Name: DAVID M. ANDERSON
Street Address (P.O. Box Number is Not Acceptable): 720 E. SUNSET BLVD.
Suite, Apt. #, Etc.:
City: FT. WALTON BCH. State: FL Zip Code: 32547

CR2E040 (6/98)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: REQUIRED — REGISTERED AGENT MUST SIGN — David M. Anderson Date: ~~10-21-99~~ 11-8-99

11. I certify that I am an officer or director of 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: David M. Anderson REQUIRED — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DAVID M. ANDERSON
10-21-99 — Date
850-862-7781 — Daytime Phone #