

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F20927

Entity Name: MICON SYSTEMS, INC.

FILED  
Apr 06, 2005  
Secretary of State

## Current Principal Place of Business:

410-I GOVERNMENT AVE.  
VALPARAISO, FL 32580 US

## New Principal Place of Business:

## Current Mailing Address:

410-I GOVERNMENT AVE.  
VALPARAISO, FL 32580 US

## New Mailing Address:

FEI Number: 59-2090181

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ANDERSON, DAVID M  
720 E. SUNSET BLVD.  
FT. WALTON BEACH, FL 32547 US

## Name and Address of New Registered Agent:

ANDERSON, LARRY T  
410 GOVERNMENT AVE.  
SUITE I  
VALPARAISO, FL 32580 US

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.

SIGNATURE: LARRY T ANDERSON

04/06/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: ANDERSON, L T,  
Address: 720 E SUNSET BLVD  
City-St-Zip: FT WALTON BCH, FL 325473613

Title: V (X) Delete  
Name: ANDERSON, D M  
Address: 720 E SUNSET BLVD  
City-St-Zip: FT WALTON BEACH, FL 325473613

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: ANDERSON, L T,  
Address: 410 GOVERNMENT AVE.  
City-St-Zip: VALPARAISO, FL 32580

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LARRY T ANDERSON

P

04/06/2005

Electronic Signature of Signing Officer or Director

Date