

**PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.**

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS		FILED 96 DEC -9 PM 1: 32 SECRETARY OF STATE TALLAHASSEE, FLORIDA																													
DOCUMENT # F21157				SH 12/13																													
1. Corporation Name M.K.S., Inc. (changing to M.K.S. of Tampa, Inc)				REINSTATEMENT 95+96																													
Mailing Address 400 Indian Rocks Road, Suite C Belleair Bluffs, FL 33770		Principal Place of Business 400 Indian Rocks Road, Suite C Belleair Bluffs, FL 33770		DO NOT WRITE IN THIS SPACE																													
2. New Mailing Address, If Applicable 400 Indian Rocks Rd., Suite C Belleair Bluffs, FL 33770		3. New Principal Office Address, If Applicable Suite, Apt. #, etc. City & State Belleair Bluffs, FL		4. Date Incorporated or Qualified To Do Business In Florida 2-25-81																													
5. FEI Number 59-2066092		Applied For Not Applicable		6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status																													
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)																																	
<table border="1"><thead><tr><th>Title(s)</th><th>Name of Officers and/or Directors</th><th>Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)</th><th>City / State / Zip</th></tr></thead><tbody><tr><td>P</td><td>John McNamara</td><td>400 Indian Rocks Rd., Suite C</td><td>Belleair Bluffs, FL 33770</td></tr><tr><td></td><td></td><td></td><td>400002030544--3 -12/17/96--01063--002 ****585.75 ****585.75</td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr></tbody></table>						Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip	P	John McNamara	400 Indian Rocks Rd., Suite C	Belleair Bluffs, FL 33770				400002030544--3 -12/17/96--01063--002 ****585.75 ****585.75																
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8. Name and Address of Current Registered Agent Thomas G. Hersem 400 Indian Rocks Rd., Ste. C Belleair Bluffs, FL 33770			9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State FL Zip Code																														
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: Thomas G. Hersem REGISTERED AGENT MUST SIGN Date: 12-6-96																																	
11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box <input type="checkbox"/> (See other side for additional information.)																																	
12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (See other side for information on intangible tax.)																																	
13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #																																	