

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**

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

FILED

02 MAY 14 AM 10:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

MICHAEL BUSINESS MACHINES

F94000005595

000005610710--5
-05/27/02--01001--008
***1658.75 ***1658.75

REINSTATEMENT 96-02

2. Principal Office Address

3134 INDUSTRY DRIVE

Suite, Apt. #, etc.

3. Mailing Office Address

3134 INDUSTRY DRIVE

Suite, Apt. #, etc.

City & State

NORTH CHARLESTON, SC

Zip

29418

Country

City & State

NORTH CHARLESTON, SC

Zip

29418

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/10/1956

5. FEI Number

13-1881613

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

NED GINSBURG

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

11 VISCAYA LANE

Suite, Apt. #, Etc.

City

PALM COAST

State

FL

Zip Code

32233

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

5/13/02

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
PRBS	WILLIAM S. GOLDE	SAME AS ABOVE	
	THOMAS GALLAGHER	SAME AS ABOVE	

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 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:

Thomas Gallagher Thomas Gallagher VP

Date

843-552-2700 x226

Daytime Phone #

CR2E081 (9/00)