

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # F95000001120

1. Corporation Name

MICROS OF SOUTH FLORIDA, INC.

Principal Place of Business

852 SOUTH MILITARY TRAIL  
DEERFIELD BEACH FL 33442  
US

Mailing Address

14700 SWEITZER LANE  
LAUREL MD 20707  
US

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

03/09/1995

Suite, Apt. #, etc.

632 S. Military Trail

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

5. FEI Number

65-0561470

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	USYK, JAY	852 SOUTH MILITARY TRAIL	DEERFIELD BEACH FL 33442
PS	Dan Interlandi	7031 Columbia Gateway Dr.	Columbia MD 21046
ED	HAYMAN, J.A.	14700 SWEITZER LANE	LAUREL MD
VP	Gary C. Kaufman	7031 Columbia Gateway Dr.	Columbia MD 21046
T	HAYMAN, RICHARD W	14700 SWEITZER LANE	LAUREL MD
S	GORDON, CHARLES T	14700 SWEITZER LANE	LAUREL MD 20707
VP			
			600004743166--7 -12/28/01--01079--021 ****758.75 ****758.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

USYK, JAY

21342 FALLS RIDGE WAY  
BOCA RATON FL 33428

Name

Lynn White

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

852 South Military Trail

Suite, Apt. #, Etc.

City

Deerfield Beach

State

FL

Zip Code

33442

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

*[Signature]*  
SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date

11/5/01

11. 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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

T BROWN DEC 12 2001

443-285-6000

Date

Daytime Phone #