

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 SEP -3 PM 12:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F47000003748**

1. Corporation Name

MICRO IDEA INSTRUMENTS, INC.

2. Principal Office Address

424 Skinner Blvd.

Suite, Apt. #, etc.

City & State

Dunedin, Florida

Zip

34698

Country

USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida 06/11/97

5. FEI Number
593462116

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required
for a Certificate of Status

~~800033464448~~
04/21/04--01065--003 **308.75

800033464448
04/21/04--01065--003 **308.75

7. Name and Address of Current Registered Agent

Name

Holli J. Sawyer-Sinclair, Esq.

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

424 Skinner Blvd.

Suite, Apt. #, Etc.

City

Dunedin

State

FL

Zip Code

34698

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

Holli J. Sawyer-Sinclair Date 04/20/04
REGISTERED AGENT MUST SIGN

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
CEO	K.Y. Lin	424 Skinner Blvd.	Dunedin, FL 34698
CFO	Patrick Hsieh	424 Skinner Blvd.	Dunedin, FL 34698
Sec.	Scot Dube	424 Skinner Blvd.	Dunedin, FL 34698

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:

Scot J. Dube
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/20/04

Date

(352) 406-7234

Daytime Phone #

CR2E081 (01/04)

microlife[®]

April 20, 2004

Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

Re: Reinstatement of Microlife USA, Inc.

Dear Sir or Madam:

In accordance with the statutory requirements of Florida, please find the Corporation Reinstatement filing for Microlife USA, Inc. attached hereto. We have also included the necessary filing fee of \$ 308.75, consisting of the \$ 150.00 filing fee for the past two years and the \$ 8.74 fee for the requested certificate of status.

Because Microlife USA, Inc. did not receive any notice of dissolution or other violation notice from the Division of Corporations, we hereby request a waiver of the \$ 600.00 reinstatement fee. The offices of Microlife USA, Inc. moved from Dunedin, Florida to Biddeford, Maine in February of 2003. A relocation to Dunedin, Florida will occur as of May 1, 2004. For the above-stated reasons, we request the immediate reinstatement of Microlife USA, Inc. in the State of Florida, along with a waiver of the reinstatement fee.

If you have any questions regarding this corporation, please do not hesitate to contact me at (207) 475-6849. Thank you for your prompt attention to this matter.

Sincerely,



Holli J. Sawyer-Sinclair
General Counsel
Microlife USA, Inc.

Enc.