


1 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	<b>FILED</b> <b>02 MAR 18 PM 3: 05</b> <b>SECRETARY OF STATE</b> <b>TALLAHASSEE, FLORIDA</b>
<b>DOCUMENT #</b> <u>584908</u>			
<b>1. Corporation Name</b> <u>Statewide Microscope Services, Inc.</u>			
<b>2. Principal Office Address</b> <u>4851 NW 103rd Ave</u> Suite, Apt. #, etc. <u>#50</u> City & State <u>Surprise, FL</u> Zip <u>33351</u> Country <u>USA</u>		<b>3. Mailing Office Address</b> <u>4851 NW 103rd Ave</u> Suite, Apt. #, etc. <u>#50</u> City & State <u>Surprise, FL</u> Zip <u>33351</u> Country <u>USA</u>	
		<b>4. Date Incorporated or Qualified To Do Business in Florida</b> <u>07/27/1987</u>	
		<b>5. FEI Number</b> <u>59-2261629</u>	<b>Applied For</b> <input type="checkbox"/> <b>Not Applicable</b>
		<b>6. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> <b>\$8.75 Additional Fee required for a Certificate of Status</b>	
<b>7. Name and Address of Current Registered Agent</b>			
Name <u>Angievette Price</u>			
Street Address (P.O. Box Number is Not Acceptable) <u>10789 NW 12th Dr</u>			
Suite, Apt. #, Etc. <u>500005195375--5</u> <u>04/05/02-01046-006</u> <u>***1872.50 ***1872.50</u>			
City <u>Plantation</u>		State <u>FL</u>	Zip Code <u>33324</u>
<b>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.</b>			
Signature of Registered Agent <u>[Signature]</u>		Date <u>3-17-02</u>	
<b>REGISTERED AGENT MUST SIGN</b>			
<b>9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</b>			
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
<u>D</u>	<u>JERRY LEE GERIG</u>	<u>4851 NW 103rd Ave #50</u>	<u>Surprise, FL 33351</u>
<b>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.</b>			
<b>SIGNATURE:</b> <u>Jerry Lee Gerig</u>		<u>JERRY LEE GERIG</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <u>3-17-02</u>	Daytime Phone # <u>954-741-4141</u>

CR2E081 (9/01)

2 of 2

**Statewide Microscope Service**  
4851 NW 103rd Avenue, Suite 50  
Sunrise, FL 33351

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Corporation Reinstatement

To Whom It May Concern:

During 1989 Statewide Microscope Service, Inc. moved its place of business. The Company had filed all the proper change of address forms with the United States Postal Office.

The Company never received its Annual Report for 1990 and subsequent years. Only during research during our workers' compensation insurance did we find out the Company had been dissolved by the State of Florida.

We request that the Company be reinstated to an active status. Enclosed is a check in the amount of \$1,872.50 for back fees. We request that all penalties be abated. We thank you for your cooperation regarding this matter.

Sincerely,



Jerry Lee Gerig  
Director