

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02 MAR 28

DOCUMENT # L00000003128

1. Limited Liability Company's Name

MICRO, LLC

2. Principal Office Address

2192 DUPONT DRIVE

Suite, Apt. #, etc.

SUITE 205

City & State

IRVINE, CA

Zip

92612

Country

USA

3. Mailing Office Address

2192 DUPONT DRIVE

Suite, Apt. #, etc.

SUITE 205

City & State

IRVINE, CA

Zip

92612

Country

USA

4. State/Country of Formation

FLORIDA

**5. Date Organized or Qualified
To Do Business in Florida**

4/1/00

6. FEI Number

33-0899715

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

**\$5.00 Additional Fee required
for a Certificate of Status**

8. Name and Address of Current Registered Agent

Name

WILLIAM E STACEY JR.

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

4310 NORTHEAST 16TH TERRACE

Suite, Apt. #, Etc.

City

FORT LAUDERDALE

State
FL

Zip Code

33334

100005189271-8

-04/03/02--01038--028

******205.00 ****205.00**

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

03/08/02

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	OLAV BERGHEIM	C/O BECKER & COMPANY 2192 DUPONT DR 205	IRVINE CA 92612
MGR	PHILIP E. BECKER	C/O BECKER & Company 2192 Dupont Dr. # 205	Irvine, CA. 92612
			ALV

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company 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 of
Managing Member/Manager

Date

3/4/02

Daytime Phone #

(949) 833-9796

Typed or printed name of signing Managing Member/Manager

OLAV BERGHEIM/Philip E. Becker

CR2E041 (9/01)