

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
Glenda E. [unclear]
Secretary of State
DIVISION OF CORPORATIONS

03 DEC 11 AM 10:55
12/2/19

1. DOCUMENT # L00000003128

Name and Mailing Address

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MICRO, L.L.C.
2192 DUPONT DRIVE
SUITE 205
IRVINE CA 92612-1322



REINSTATEMENT 2003

2. New Mailing Address City, State, Zip		4. State/Country of Formation FL	
Principal Place of Business 2192 DUPONT DRIVE SUITE 205 IRVINE CA 92612		5. Date Organized or Qualified To Do Business in Florida 03/15/2000	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number 33-0899715	
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent STACEY, WILLIAM E JR. 4310 NORTHEAST 16TH TERRACE FT LAUDERDALE FL 33334		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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10. 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 [Signature] **SIGNATURE REQUIRED** Date 11/28/03

REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	BERGHEIM, OLAV	2192 DUPONT DRIVE #205	IRVINE CA 92612
MGR	BECKER, PHILIP E	2192 DUPONT DRIVE #205	IRVINE CA 92612
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2003			
REINSTATEMENT			

12. 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 [Signature] **SIGNATURE REQUIRED** Date 12/2/03 Daytime Phone # 949 833-9796

Typed or printed name of signing Managing Member/Manager