

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
L01000008797
SECRETARY OF STATE
DIVISION OF CORPORATIONS

FILED

02 NOV 22 AM 11:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000008797

Name and Mailing Address

0003316 01 FP 0.352 **PRSR TO 0 0615 33313-560521



MICROPIN TECHNOLOGIES, LLC
4421 NW 13TH STREET
LAUDERHILL FL 33313-5605



2. New Mailing Address

City, State, Zip

Principal Place of Business

4421 NW 13TH STREET
LAUDERHILL FL 33313

3. New Principal Place of Business Address

City, State, Zip

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

06/01/2001

6. FEI Number

06-0622111

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

9. Name and Address of New Registered Agent

Name

GREGGORY ALLEN

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

4421 NW 13 STREET

City

LAUDERHILL

FL

Zip Code

33313

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

Greggory Allen
REGISTERED AGENT MUST SIGN

Date 18 NOV 2002

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
<i>President</i> CEO	GREGGORY W.D. ALLEN	4421 NW 13 STREET LAUDERHILL, FL 33313	LAUDERHILL, FL 33313

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11/22/02--01022--010 **155.00

REINSTATEMENT

02 ans
dec

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

Greggory W.D. Allen

Date 18 NOV 2002

Daytime Phone #

954-735-0068

Typed or printed name of signing Managing Member/Manager

GREGGORY W.D. ALLEN

CR2E084 (8/02)