

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JUL 23 AM 11:08

**SECRETARY OF STATE
TALLAHASSEE FLORIDA**

1. DOCUMENT # L01000008797

Name and Mailing Address

0008445 01 AT 0.292 **AUTO T1 0 0615 33313-560521



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

400037943404
06/14/04--01065--002 **200.00



REINSTATEMENT *2003-2004*

7/23

2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 06/01/2001	
Principal Place of Business 4421 NW 13TH STREET LAUDERHILL FL 33313	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 06-1622111	Applied For Not Applicable
		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 ALLEN, GREGGORY 4421 NW 13 STREET LAUDERHILL FL 33313	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 *Gregory Allen* **REGISTERED AGENT MUST SIGN** Date *7 July 2004*

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
P	ALLEN, GREGGORY W.D.	4421 NW 13 STREET	LAUDERHILL FL 33313

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 *Gregory Allen* Date *22 April 2004* Daytime Phone # *514-276-6091*

Typed or printed name of signing Managing Member/Manager *GREGGORY ALLEN*