PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
98 AUG 18 AM 9:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N08379

1. Corporation Name

FLORIDA SOCIETY FOR MICROSCOPY, INC.

REINSTATEMENT 96-98 AR

Principal Place of Business	Mailing Address
~~P.O. Box 116400 217 MAE~~ ~~University of Florida~~ ~~Gainesville, FL 32611~~	~~P.O. Box 116400 217 MAE~~ ~~University of Florida~~ ~~Gainesville, FL 32611~~

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
~~USF Anatomy Dept. MDC 6~~	~~USF Anatomy Dept. MDC 6~~
Suite, Apt. #, etc. 12901 N Bruce B Downs Blvd	Suite, Apt. #, etc. 12901 N Bruce B Downs Blvd
City & State Tampa FL	City & State Tampa FL
Zip 33612 Country USA	Zip 33612 Country USA

4. Date Incorporated or Qualified To Do Business in Florida: 03/27/1985

5. FEI Number: 59-2440350 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PD	Muffly, Karl	12901 N Bruce B Downs Blvd,MDC 6	Tampa, FL 33612
VD	Moore, Jo Ann	12901 N Bruce B Downs Blvd, MDC 6	Tampa, fL 33612
SD/TD	Irwin, Richard	9333 S John Young Parkway	Orlando, FL 32819

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-08/20/98--01088--006
****358.75 ****358.75

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
Morrone, Augusto A. 217 MAE Dept. of Materials Science University of Florida Gainesville FL 32607	Name: Muffly, Karl Street Address (P.O. Box Number is Not Acceptable): 12901 N Bruce B Downs Blvd Suite, Apt. #, Etc.: Anatomy Dept. MDC 6 City: Tampa State: FL Zip Code: 33612

CR2E040 (98)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: Karl Muffly REGISTERED AGENT MUST SIGN Date: 8/12/98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☐ No ☒ (See other side for information on intangible tax.)

12. 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.

SIGNATURE: Jo Ann Moore SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — 8/12/98 Date — 813-974-9446 Daytime Phone #