


2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N08379	
1. Entity Name FLORIDA SOCIETY FOR MICROSCOPY, INC.	

Principal Place of Business UNIVERSITY OF FLORIDA, (MAIC) 107 MEL MAJOR ANALYTICAL INSTRUMENTATION CENTER GAINESVILLE, FL 32611 US	Mailing Address UNIVERSITY OF FLORIDA, (MAIC) 107 MEL MAJOR ANALYTICAL INSTRUMENTATION CENTER GAINESVILLE, FL 32611 US
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

11052008 REIN-NP CR2E099 (1/07)

4. FEI Number 59-2440350	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SIEBEIN, KERRY N DR UNIVERSITY OF FLORIDA, (MAIC) 107 MEL MAJOR ANALYTICAL INSTRUMENTATION CENTER GAINESVILLE, FL 32611	7. 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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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Kerry N. Siebein DATE 11-5-08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$61.25 After January 1, 2009, Fee will be \$122.50	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DEMPERE, LUISA A DR UNIVERSITY OF FLORIDA, (MAIC) 107 MEL GAINESVILLE, FL 32611 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LORAAMM, BETTY MRS 4202 E. FOWLER AVE SCA 110 TAMPA, FL 33620 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRENITZER, BRENDA I DR 12565 RESEARCH PKWY, SUITE 300 ORLANDO, FL 32816 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SIEBEIN, KERRY N DR UNIV OF FLORIDA, 107 MEL, PO BOX 116400 GAINESVILLE, FL 32611 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GRECO, ANTHONY MR 140 SEVENTH AVENUE S., MSL 119 ST. PETERSBURG, FL 33701 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Kerry N. Siebein DATE 11-5-08 352 392 6985
Signature and typed or printed name of signing officer or director Daytime Phone #

FILED

08 NOV 14 PM 2:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



11/14/08