

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SIEBEIN, KERRY N DR UNIVERSITY OF FLORIDA, (MAIC) 107 MEL MAJOR ANALYTICAL INSTRUMENTATION CENTER GAINESVILLE, FL 32611				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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 <i>Kerry N. Siebein</i>				DATE <i>11-5-08</i>	
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	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DEMPERE, LUISA A DR	NAME			
STREET ADDRESS	UNIVERSITY OF FLORIDA, (MAIC) 107 MEL	STREET ADDRESS			
CITY-ST-ZIP	GAINESVILLE, FL 32611	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LORAAMM, BETTY MRS	NAME			
STREET ADDRESS	4202 E. FOWLER AVE SCA 110	STREET ADDRESS			
CITY-ST-ZIP	TAMPA, FL 33620	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PRENITZER, BRENDA I DR	NAME			
STREET ADDRESS	12565 RESEARCH PKWY, SUITE 300	STREET ADDRESS			
CITY-ST-ZIP	ORLANDO, FL 32816	CITY-ST-ZIP			
TITLE	ST <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SIEBEIN, KERRY N DR	NAME			
STREET ADDRESS	UNIV OF FLORIDA, 107 MEL, PO BOX 116400	STREET ADDRESS			
CITY-ST-ZIP	GAINESVILLE, FL 32611	CITY-ST-ZIP			
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GRECO, ANTHONY MR	NAME			
STREET ADDRESS	140 SEVENTH AVENUE S., MSL 119	STREET ADDRESS			
CITY-ST-ZIP	ST. PETERSBURG, FL 33701	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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: <i>Kerry N. Siebein</i>				DATE: <i>11-5-08</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				DATE	
				DAYTIME PHONE #: <i>352 392 6985</i>	

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