2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N08379

FILED Oct 23, 2009 Secretary of State

Entity Name: FLORIDA SOCIETY FOR MICROSCOPY, INC.

Current Principal Place of Business: New Principal Place of Business:

UNIVERSITY OF FLORIDA, (MAIC) 107 MEL UNIVERSITY OF FLORIDA.(MAIC) 107 MEL

MAJOR ANALYTICAL INSTRUMENTATION CENTER P. O. BOX 116400 GAINESVILLE, FL 32611 GAINESVILLE, FL 32611 US

Current Mailing Address: New Mailing Address:

UNIVERSITY OF FLORIDA, (MAIC) 107 MEL UNIVERSITY OF FLORIDA ,(MAIC) 107 MEL

MAJOR ANALYTICAL INSTRUMENTATION CENTER P. O. BOX 116400 GAINESVILLE, FL 32611 LIS GAINESVILLE, FL 32611

US

FEI Number: 59-2440350 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of New Registered Agent: Name and Address of Current Registered Agent:

SIEBEIN, KERRY N DR SIEBEIN, KERRY N MS

UNIVERSITY OF FLORIDA (MAIC) 107 MEL MAJOR ANALYTICAL INSTRUMENTATION CENTER UNIVERSITY OF FLORIDA ,(MAIC) 107 MEL

P. O. BOX 116400

GAINESVILLE, FL 32611 US GAINESVILLE, FL 32611 US

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.

SIGNATURE: KERRY N. SIEBEIN 10/23/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete

DEMPERE, LUISA A DR DEMPERE, LUISA A DR Name: Name:

UNIVERSITY OF FLORIDA, (MAIC) 107 MEL Address: UNIVERSITY OF FLORIDA, P.O. BOX 116400 Address:

City-St-Zip: GAINESVILLE, FL 32611 US City-St-Zip: GAINESVILLE, FL 32611 US

Title: () Delete Title: (X) Change () Addition

LORAAMM, BETTY MRS Name: SIEBEIN, KERRY Name:

Address: 4202 E. FOWLER AVE SCA 110 Address: UNIVERSITY OF FLORIDA, P. O. BOX 116400

City-St-Zip: TAMPA, FL 33620 US City-St-Zip: GAINESVILLE, FL 32611 US

Title: () Delete Title: () Change () Addition

PRENITZER, BRENDA I DR Name: Name: Address: 12565 RESEARCH PKWY, SUITE 300 Address:

City-St-Zip: ORLANDO, FL 32816 US City-St-Zip:

(X) Change () Addition Title: () Delete Title: Name: SIEBEIN, KERRY N DR Name: GRECO, ANTHONY MR

UNIV OF FLORIDA, 107 MEL., PO BOX 116400 140 SEVENTH AVENUE S., MSL 119 Address: Address: City-St-Zip: GAINESVILLE, FL 32611 US City-St-Zip: ST. PETERSBURG, FL 33701

Title: (X) Delete Title: () Change () Addition

GRECO, ANTHONY MR Name: Name: 140 SEVENTH AVENUE S., MSL 119 Address: Address: City-St-Zip: ST. PETERSBURG, FL 33701 US City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: L. AMELIA DEMPERE DR. 10/23/2009