

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 JAN -7 PM 2:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000047174

1. Corporation Name MICA SPECIALISTS, INC.

2. Principal Office Address
440-11th Street NW

Suite, Apt. #, etc.
n/a

City & State
Naples, Florida

Zip Country
34120 U.S.A.

3. Mailing Office Address
440-11th Street NW

Suite, Apt. #, etc.
n/a

City & State
Naples, Florida

Zip Country
34120 U.S.A.

600010401816
01/21/03--01104--006 **300.00

4. Date Incorporated or Qualified
To Do Business in Florida 05/11/2000

5. FEI Number 59-3645360
Applied For Not Applicable

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

7. Name and Address of Current Registered Agent

Name
Douglas L. Rankin, Esq.

Street Address (P.O. Box Number is Not Acceptable)
2335 Tamiami Trail North, #308

Suite, Apt. #, Etc.
308

City
Naples,

State Zip Code
FL 34103

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent
Douglas L. Rankin, Esq.
REGISTERED AGENT MUST SIGN

Date 01/03/2003

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	Ross J. Jesse	440-11th Street NW	Naples, Florida 34120

10. 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.

ROSS J. JESSE, DIRECTOR

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/03/2003 239-289-0343

Date

Daytime Phone #
cell

CR2E081 (10/02)

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LAW OFFICE
DOUGLAS L. RANKIN

ELDER LAW
CORPORATION AND BUSINESS LAW
GENERAL PRACTICE
REAL ESTATE
WILLS, TRUSTS, & ESTATES

MOORINGS PROFESSIONAL BUILDING
2335 TAMiami TRAIL NORTH SUITE 308
NAPLES, FLORIDA 34103
OFFICE (239) 262-0061
FAX (239) 262-2092



January 3, 2003

VIA UCC FILING & SEARCH SERVICES

Department of State
Division of Corporations
409 E. Gaines Street
Tallahassee, FL. 32399

Re: Mica Specialists, Inc.

Dear Sirs and/or Madams:

The undersigned represents the above-referenced corporation. We just, very, recently discovered that our clients corporation was administratively dissolved for failure to file its 2002 annual report.

By my clients signature below along with mine, we hereby certify to you that neither my client nor myself, as registered agent, received any notices of any kind during the entire calendar year of 2002.

Therefore we respectfully request that my clients corporation be immediately reinstated and the additional reinstatement fees be waived.

Enclosed please find a check in the amount of Three Hundred Dollars (\$300.00), which represents the annual fee for 2002 and 2003, and a completed Corporation Reinstatement form.

If you have any questions, please do not hesitate to call

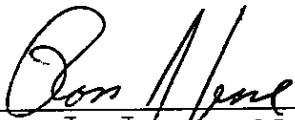
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IMMEDIATELY. We appreciate your time and prompt attention to this matter.

Very truly yours,

Douglas L. Rankin

AGREED AND ACKNOWLEDGED BY:



Ross J. Jesse, as ~~President~~ /
Director of Mica Specialists, Inc.