

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

RECEIVED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 JUL 13 AM 10:39

DOCUMENT # ~~P01000049521~~ **P01000049251**

1. Corporation Name
MICRISCLA CORP.

140 JEFFERSON AVE
8360 WEST FLAGLER

2. Principal Office Address
140 JEFFERSON AVE

3. Mailing Office Address
8360 WEST FLAGLER

Suite, Apt. #, etc.
14003

Suite, Apt. #, etc.
200

City & State
MIAMI BEACH FL

City & State
MIAMI FL

Zip Country
33139 USA

Zip Country
33144 USA

4. Date Incorporated or Qualified
To Do Business in Florida 5-27-01

5. FEI Number
56-2463002

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
MORELLA LANDER

Street Address (P.O. Box Number is Not Acceptable)
140 JEFFERSON AVE

Suite, Apt. #, Etc.
14003

City
MIAMI BEACH

State Zip Code
FL 33139

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

[Signature]

REGISTERED AGENT MUST SIGN

Date **06/29/04**

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/P | LANDER, MORELLA | 140 JEFFERSON AVE, # 14003 | MIAMI BEACH, FL 33139 |
| D | FORTOUL, CLAUDIA | 135 3 STREET, APT 19 | MIAMI BEACH, FL 33139 |
| VIP | FORTOUL, CHRISTIAN | 140 JEFFERSON AVE # 14003 | MIAMI BEACH, FL 33139 |
| | | | |
| | | | |

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.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHRISTIAN FORTOUL

Date

6-29-04

Daytime Phone #

786-3168372

CR2E081 (01/04)