


# 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P01000049251		
1. Entity Name MICRISCLA CORP.		

FILED

05 OCT 10 PM 4:07

SECRET STATE  
TALLAHASSEE, FLORIDA



10072005 REIN-P CR2E098 (6/04)

Principal Place of Business 140 JEFFERSON AVE, APT 14003 MIAMI BEACH, FL 33139		Mailing Address 8360 WEST FLAGLER STREET MIAMI, FL 33144 SUITE 200	
2. Principal Place of Business 546 LIVE OAK LANE Suite, Apt. #, etc.		3. Mailing Address 8360 WEST FLAGLER ST SUITE 200 Suite, Apt. #, etc.	
City & State WESTON, FL		City & State MIAMI, FL	
Zip 33327	Country USA	Zip 33144	Country USA

4. FEI Number 56-2463002	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	--------------------------------

6. Name and Address of Current Registered Agent LANDER, MORELLA 140 JEFFERSON AVE, APT 14003 MIAMI BEACH, FL 33139		7. Name and Address of New Registered Agent Name (SAME) Street Address (P.O. Box Number is Not Acceptable) 546 LIVE OAK LANE City WESTON FL Zip Code 33327	
---	--	--	--

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After January 1, 2006, Fee will be \$300.00**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LANDER, MORELLA 140 JEFFERSON AVE, APT 14003 MIAMI BEACH, FL 33139 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 546 LIVE OAK LANE WESTON, FL 33327
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FORTOUL, CLAUDIA E 135 3 ST, APT 19 MIAMI BEACH, FL 33139 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 546 LIVE OAK LANE WESTON, FL 33327
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FORTOUL, CHRISTIAN 140 JEFFERSON AVE #14003 MIAMI BEACH, FL 33139 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 546 LIVE OAK LANE WESTON, FL 33327
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 000060457020 10/10/05--01074--020 **150.00
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
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 exemption stated in Section 119.07(3)(i), 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 607, 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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/1/05 (805) 554-7229