

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

REINSTATEMENT

FILED

02 NOV 12 AM 8:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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11/12/02--01103--001 ***150.00

DOCUMENT # P01000085243

1. Corporation Name

MYKRON INDUSTRIES CORPORATION

Principal Place of Business

2679 ALAMOSA PLACE
LAKE MARY FL 32746

Mailing Address

2679 ALAMOSA PLACE
LAKE MARY FL 32746

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

N/A

3. New Mailing Office Address, If Applicable

N/A

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/28/2001

5. FEI Number

59-3748623

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	SASSO, RONALD	2679 ALAMOSA PLACE	LAKE MARY FL 32746
B	[REDACTED]	[REDACTED]	[REDACTED]
D	BUTERO, MICHAEL	3549 W. ATLANTIC BLVD. #614	POMPANO BEACH

8. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

9. Name and Address of New Registered Agent

Name

- SAME -

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

CR2E040 (8/02)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

11. 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/7/02

321-377 5568

mykron industries

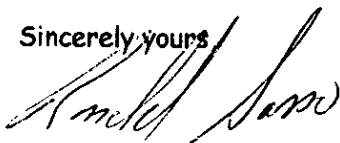
November 07, 2002

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

Please be advised that upon counsel from our attorney we are applying for reinstate of our corporation, Mykron Industries Corporation. We have been instructed from our attorney that due to not receiving any notices prior to the enclosed reinstatement form we would not be penalized for this late filing. This information was conveyed to him during his November 5th conversation with a representative from the Florida Department of State, Division of Corporations. Therefore please find the enclosed check in the amount of One Hundred and Fifty Dollars (\$150.00). This is to cover the cost of the Annual Report Fee and the Corporate Supplemental Fee.

Sincerely yours,



Ron Sasso Pres.
Mykron Industries, Corp.