

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 SEP 17 AM 8:00

DOCUMENT # P01000089439

1. Corporation Name

Microscope Inc.

REINSTATEMENT 03-04  
MRD

2. Principal Office Address

2207 Marilyn Ln Ft Myers

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Fort Myers FL

City & State

Zip



33905

Country

Lee

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

Sept. 2001

5. FEI Number

051136043

☒ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$0.75 Additional Fee required  
for a Certificate of Status

400040725484

09/01/04--01019--001 \*\*300.00

7. Name and Address of Current Registered Agent

Name

Brian L'Hommedieu

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

2207 Marilyn Ln

Suite, Apt. #, Etc.

City

Fort Myers

State

FL

Zip Code

33905

400040725484

09/17/04--01081--005 \*\*300.00

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

REGISTERED AGENT MUST SIGN

Date

8/29/04

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
President	Brian L'Hommedieu	2207 Marilyn Ln	Fort Myers FL 33905

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)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

8/29/04

Daytime Phone #

CR2E001 (01/04)

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Florida Department of State  
Secretary of State  
Division of Corporations  
August 30, 2004

Microscope  
2207 Marilyn Lane  
Fort Myers, FL 33905

To whom it may concern:

On Friday, August 27, 2004, I contacted your office to inquire about my Articles of Corporation. The gentleman informed me that my corporation had been cancelled as of 2003. He further informed me how to acquire the necessary forms in order to reinstate my corporation. As I explained to the gentleman, I am not aware of receiving any notices of cancellation of my corporation. He explained to me to fill out the necessary reinstatement forms and write this letter. He stated that reinstatement would be \$150 per year. I have enclosed my corporation reinstatement forms and a check for \$300. If you have any further questions, please contact me at 239-910-4917. Please reinstate my corporation as soon as possible. Thank you for your time and consideration.

Sincerely,



Brian L'Hommedieu