

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAY 15 AM 10:48

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000124060

1. Corporation Name

MICRO-MED INDUSTRIES, INC.

REINSTATEMENT 04-06

2. Principal Office Address

28161 N. Keith DR

Suite, Apt. #, etc.

3. Mailing Office Address

28161 N. Keith DR

Suite, Apt. #, etc.

03/05/04 90027 001 # 150.00
CR2E081 (12/05)

City & State

Lake Forest, IL

City & State

Lake Forest, IL

Zip

60045-4528 USA

Zip

60045-4528 USA

4. Date Incorporated or Qualified
To Do Business in Florida

11/21/2002

5. FEI Number

59-3171202

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

CT CORPORATION

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

1200 SOUTH PINE ISLAND ROAD

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

100075101251

05/23/06--01048--006 **900 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

Barbara A. Burke

BARBARA A. BURKE
REGISTERED AGENT SECRETARY

Date

5906

REGISTERED AGENT MUST SIGN

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
<u>P</u>	<u>MILLER, MARK</u>	<u>28161 N. KEITH DR</u>	<u>LAKE FOREST, IL 60045</u>
<u>V</u>	<u>KOGLER, RICHARD</u>	<u>28161 N. KEITH DR</u>	<u>LAKE FOREST, IL 60045</u>
<u>T</u>	<u>TEN BRINK, FRANK</u>	<u>28161 N. KEITH DR</u>	<u>LAKE FOREST, IL 60045</u>

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 contained in Chapter 119, 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:

FRANK TEN BRINK

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/06

Date

847-607-2022

Daytime Phone #