

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

06 SEP 22 AM 7:07

RECEIVED

DOCUMENT # P03000058897

1. Corporation Name

J Michael Instruments Inc

2. Principal Office Address

1946 N Wickham Road

Suite, Apt. #, etc.

City & State

Melbourne, Florida

Zip

32935

Country

USA

3. Mailing Office Address

1946 N Wickham Road

Suite, Apt. #, etc.

City & State

Melbourne, Florida

Zip

32935

Country

USA

REINSTATEMENT

04-06

4. Date Incorporated or Qualified  
To Do Business in Florida

May 29, 2003

5. FEI Number

13-4252953

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

Jay M McDonald

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

320 Palm Court

Suite, Apt. #, Etc.

City

Indialantic

State

FL

Zip Code

32903-4320

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 September 11, 2006

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

| Titles | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip  |
|--------|--------------------------------------|---|---------------------|
| Pres.  | Jay-M- McDonald                      | 3535 Hammock-Trail                                | Melbourne, FL 32934 |
|        |                                      |   |                     |
|        |                                      |   |                     |
|        |                                      |   |                     |
|        |                                      |   |                     |
|        |                                      |   |                     |

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:

JAY McDONALD

Sept. 11, 2006 (321) 254-3033

Date

Daytime Phone #

SEP 22 2006