

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
2009 AUG 20 AM 9:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P06000049979**

1. Corporation Name

. Informicro Corporation

400159784694
08/20/09--01057--006 **1050.00

\$1050.00

400159784694

08/20/09--01057--006 **1050.00

2. Principal Office Address - No P.O. Box #

8501 NW 17th Street

3. Mailing Office Address

2075 N. CAPITOL AVE

Suite, Apt. #, etc.

STE 128

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

SAN JOSE CA

Zip

33126

Country

U.S.A

Zip

95132

Country

U.S.A

CR2E081 (12/08)

4. Date Incorporated or Qualified
To Do Business in Florida

Apr 6, 2006

5. FEI Number

20-4758120

☒ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

7. Name and Address of Current Registered Agent

Name

MA LABORATORIES INC

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

8501 NW 17th Street

Suite, Apt. #, Etc.

STE 128

City

Miami

State

FL

Zip Code

33126

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

08/13/09

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
CEO	ABRAHAM C. MA	2075 N. CAPITOL AVE	SAN JOSE, CA 95132
Secretary	ABRAHAM C. MA	2075 N. CAPITOL AVE	SAN JOSE, CA 95132
VP of Finance	TONY HUA	2075 N. CAPITOL AVE	SAN JOSE, CA 95132

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TONY HUA

Date

08/13/09

Daytime Phone #

408-941-8234