2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P07000048092

Entity Name: MICRO ME, INC.

FILED Dec 11, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2730 DOVER GLEN CIR. 3662 E. AVALON PARK BLVD ORLANDO, FL 32828

2063

ORLANDO, FL 32828

Current Mailing Address: New Mailing Address:

3662 E. AVALON PARK BLVD 2730 DOVER GLEN CIR. ORLANDO, FL 32828 2063

ORLANDO, FL 32828 US

FEI Number: 90-0329597 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of New Registered Agent: Name and Address of Current Registered Agent:

LEVIN, NATASHA LEVIN, NATASHA 2730 DOVER GLEN CIR. 3662 É. AVALON PARK BLVD

ORLANDO, FL 32828 2063 ORLANDO, FL 32828 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: NATASHA LEVIN 12/11/2008

> Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRFS () Delete Title: PTSD (X) Change () Addition

LEVIN, NATASHA Name: Name: LEVIN, NATASHA

2730 DOVER GLEN CIR. 3662 E. AVALON PARK BLVD #2063 Address: Address:

City-St-Zip: ORLANDO, FL 32828 US City-St-Zip: ORLANDO, FL 32828 US

Title: (X) Delete Title: () Change () Addition **TRES**

Name: LEVIN. NATASHA Name: 2730 DOVER GLEN CIR. Address: Address: ORLANDO, FL 32828 US City-St-Zip: City-St-Zip:

Title: Title: SECT (X) Delete () Change () Addition

LEVIN, NATASHA Name: Name: 2730 DOVER GLEN CIR. Address: Address: City-St-Zip: ORLANDO, FL 32828 US City-St-Zip:

Title: DIR (X) Delete Title: () Change () Addition

LEVIN, NATASHA Name: Name: Address: 2730 DOVER GLEN CIR. Address: City-St-Zip: ORLANDO, FL 32828 US City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NATASHA LEVIN **PTSD** 12/11/2008