

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FLORIDA DEPARTMENT OF STATE
Kathryn Harris
Secretary of State
DIVISION OF CORPORATIONS

99-00 AR

FILED
00 MAY 17 PM 1:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 894000066741

1. Corporation Name

J & M MICRO, INC

2. Principal Office Address

3590 13th Ave S.W.

Suite, Apt. #, etc.

City & State

NAPLES FL

Zip

34117

Country

Collier

3. Mailing Office Address

3590 13th Ave S.W.

Suite, Apt. #, etc.

City & State

NAPLES FL

Zip

34117

Country

Collier

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number

65-053604

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

MICHAEL J RUGANIS

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

3590 13th Ave SW

Suite, Apt. #, Etc.

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***300.00 ***300.00

City

NAPLES

State

FL

Zip Code

34117

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 4/19/00

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
pres	MICHAEL J RUGANIS	3590 13th Ave S.W.	NAPLES FL 34117

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)(i), 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/00

Date

941-455-9677

Daytime Phone #

CR2E081 (9/99)