PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

REINSTATEMENT 05-06

DOCUMENT # P95000043803

1. Corporation Name

MIMS TECHNOLOGY, INC.

2. Principal Office Address	**3.** Mailing Office Address
1743 PLANTATION CIRCLE SE	P.O. BOX 100196
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
PALM BAY, FL	PALM BAY, FL

Zip	Country	Zip	Country
32909	US	32910	US

CR2E081 (12/05)

4. Date Incorporated or Qualified To Do Business in Florida 06/07/1995

5. FEI Number 593329408   ☐ 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

DOUGLASS A. PERSON

Street Address (P.O. Box Number is Not Acceptable)
1413 SOUTH PATRICK DRIVE

Suite, Apt. #, Etc.
SUITE 7

City	State	Zip Code
INDIAN HARBOUR BEACH	FL	32937

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 _____ Date 10/31/06
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
P/D	SCOTT BAUER	1743 PLANTATION CIRCLE SE	PALM BAY, FL 32909
			500008208E845 11/27/06--01057--016 **900.00

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: _____ SCOTT BAUER   20 NOV 06   253-720-4792
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #