

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 OCT 26 PM 12:14

DOCUMENT # **P96000013635**

1. Corporation Name

MICRO SERVICES INDUSTRIES INC

Principal Place of Business

Mailing Address

6163 NW 182ND TERRACE
HIALEAH FL 33015

6163 NW 182ND TERRACE
HIALEAH FL 33015



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

02/13/1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0652429

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	CAMPBELL, TREVOR	6163 NW 182ND TERRACE	HIALEAH FL 33015
VP	CAMPBELL, LEA A	6163 NW 182ND TERRACE	MIAMI FL 33015
			900004678039--2 -11/14/01--01021--012 ***150.00 ***150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CAMPBELL, TREVOR
6163 NW 182ND TERRACE
HIALEAH FL 33015

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date **October 24, 2001**

11. 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:

Trevor A. Campbell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

October 24, 2001 305 537 1149

Date

Daytime Phone #



MICRO SERVICES INDUSTRIES INC.
6163 N.W. 182nd TERRACE
MIAMI, FLORIDA 33015-5622
TEL: (305) 557-1149
FAX: (305) 557-1184

October 24, 2001

The Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Dear Madam/Sir,

Re: Notice of Dissolution of Micro Services Industries Inc

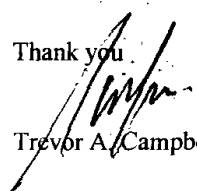
I write to request a review of your decision to dissolve our company for failure to file the 2001 corporation uniform business report.

In the past we have relied our accountant, Guillermo Donadido, to file and pay the appropriate fees. To the best of our knowledge he has never failed to comply. Guillermo is no longer associated with us. We never received a notice about this report until your letter this morning.

Micro Services is a very small company and had we received the notice, we would have promptly completed the report and return to you with our filing fee. In this regard we are requesting that you that you review our situation, grant us a waiver and allow us to continue in business. A check for \$150.00 is enclosed.

If the forms are sent to our address at 6163 N.W. 182 Terrace, we will see to it that there is no repeat of this problem in the future.

Thank you


Trevor A. Campbell