PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida: 02/13/1996

5. FEI Number: 65-0652429 ☐ Applied For ☐ Not Applicable

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 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

CR2E040 (8/01)

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 _____ Date October 24, 2001
REGISTERED AGENT MUST SIGN

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 October 24, 2001 3055571149
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — 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