

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

①

CORPORATION

1999-2000

A.R.



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

00 FEB -7 PM 4:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

P980000054038

1. Corporation Name

MICA BY MYERS, INC.

2. Principal Office Address

991 WITHLACOOCHEE ST.

Suite, Apt. #, etc.

City & State

SAFETY HARBOR, FL

Zip

34695

Country

3. Mailing Office Address

1145 WITHLACOOCHEE ST.

Suite, Apt. #, etc.

City & State

SAFETY HARBOR, FL

Zip

34695

Country

4. Date Incorporated or Qualified
To Do Business in Florida

6/17/98

5. FEI Number

59-3517539

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

SCOT W. MYERS

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

1145 WITHLACOOCHEE ST.

Suite, Apt. #, Etc.

City

SAFETY HARBOR

State
FL

Zip Code

34695

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

REGISTERED AGENT MUST SIGN

Date

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.	TREAS.	SCOT W. MYERS	1145 WITHLACOOCHEE ST.	SAFETY HARBOR, FL 34695
VP	SEC.	LISA M. MYERS	1145 WITHLACOOCHEE ST.	SAFETY HARBOR, FL 34695

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:

SCOT W. MYERS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-2-2000 (727) 726-7711

CR2E081 (9/99)

DAILY & TSAGARIS, P.A.

Certified Public Accountants

2555 Enterprise Rd.
Suite 10
Clearwater, Florida 33763
(727) 791-1040
FAX (727) 726-8393

MEMBERS
FLORIDA INSTITUTE OF
CERTIFIED PUBLIC ACCOUNTANTS
—
AMERICAN INSTITUTE OF
CERTIFIED PUBLIC ACCOUNTANTS

TIMOTHY C. DAILY, C.P.A.
JOHN S. TSAGARIS, C.P.A.

February 1, 2000

Secretary of State
Division of Corporations
Corporate Records
P.O. Box 6327
Tallahassee, FL 32314

Re: Mica by Myers, Inc.


Dear Sirs:

We have recently been engaged by the taxpayer to perform tax services. The taxpayer informed us that they had just been notified that they were delinquent in paying the annual corporate fee. The previous accountant never informed the taxpayer of this annual filing requirement and they never received the original annual forms for filing.

Attached to this letter are the corporation reinstatement form and a check of \$300 for payment of the 1999 and 2000 filing fees. The taxpayer requests that no penalty for reinstatement be charged since the taxpayer relied on his prior accountant for instruction for all necessary filing requirements of the corporation. In addition the taxpayer never received the annual form packets for 1999 or 2000. If the packets were received, they would have been aware of this filing requirement.

In the future, all filings will be done on a timely basis. If you have any questions regarding this letter, please do not hesitate in contacting me.

Very truly yours,


John S. Tsagaris, CPA

cc: Mica by Myers, Inc.