

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
00 APR 10 PM 3:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000074665

1. Corporation Name

MICROWAVE ELECTRONICS OF
SOUTH FLORIDA, INC.

700003238777--4
-05/03/00--01150--029
*****8.75 *** 8.75
M

2. Principal Office Address

7380 BURGESS DRIVE

Suite, Apt. #, etc.

3. Mailing Office Address

7380 BURGESS DR.

Suite, Apt. #, etc.

City & State

LAKE WORTH, FL LAKE WORTH, FL

Zip 33467

Country USA

33467

Country USA

REINSTATEMENT 99-00

4. Date Incorporated or Qualified
To Do Business in Florida

8-24-98

5. FEI Number

65-0861222

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

MITCHELL KULICK

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

7380 BURGESS DRIVE

Suite, Apt. #, Etc.

City

LAKE WORTH

700003238777--4
-05/03/00--01150--028
*****300.00 *****300.00

300003238777--7
-05/03/00--01150--029
*****8.75 *****8.75

State
FL

Zip Code
33467

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 4-4-00

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
P	MITCHELL KULICK	7380 BURGESS DR	LAKE WORTH, FL 33467
VP	MITCHELL KULICK	7380 BURGESS DR	LAKE WORTH, FL 33467
T	MITCHELL KULICK	7380 BURGESS DR	LAKE WORTH, FL 33467
S	MITCHELL KULICK	7380 BURGESS DR	LAKE WORTH, FL 33467

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

4-4-00

Date

(561) 432-8511

Daytime Phone #

CR2E081 (9/99)