

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary
DIVISION OF CORPORATIONS

DOCUMENT # P99000003083

1. Corporation Name

MULTI MICRO SOLUTIONS, INC.

Principal Place of Business

5345 ORTEGA BOULEVARD #14
JACKSONVILLE FL 32210

Mailing Address

5345 ORTEGA BOULEVARD #14
JACKSONVILLE FL 32210

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/11/1999

5. FEI Number

59-3556681

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	GOEDERT, JERRY R	7825 LEISURE LANE	HUNTERSVILLE, NC 28078
D	EVANS, LARRY	1400 FRANKLIN DR 324 Arroyo Dr	POTEAU OK 74953 Jacksonville, FL 32073
O	EVANS, DEBORAH	1400 FRANKLIN DR 324 Arroyo Dr	POTEAU OK 74953 Jacksonville, FL 32073
O	WADDELL, SAMANTHA L	7825 LEISURE LN	HUNTERSVILLE NC 28078
			400004691564--7 -11/21/01--01090--009 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

9. Name and Address of New Registered Agent

Name: Jerry R. Goedert
Street Address (P.O. Box Number is Not Acceptable): 5345 Ortega Blvd
Suite, Apt. #, Etc.: Suite 13
City: Cornelius Jacksonville
State: FL Zip Code: 32210

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 10/23/01

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jerry R. Goedert

Date

10/23/01

Daytime Phone #

704-655-8784

Multi Micro Solutions, Inc
5345 Ortega Blvd. Suite 14
Jacksonville, Florida 32210

October 23, 2001

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

RE: P99000003083 Multi Micro Solutions

Dear Division of State,

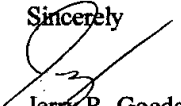
I am enclosing a completed application for reinstatement with a check for \$150 for the regular annual fee. It was never our intention to dissolve this corporation. We are a very small corporation with very little revenue at the moment so I am pleading with you to except this fee in lieu of the reinstatement fee.

As far as I can tell no one in my office, or myself, received the original form at the beginning of the year. We also did not receive a second notice form. We have always completed these forms in a timely manner with both this company and my other Florida Corporation so it is not like us not to complete these and return them on time.

I apologize for this problem and hope you will accept this explanation and payment as the amount needed to not only pay our fees but to keep us current.

I thank you for your help in this manner.

Sincerely


Jerry R. Goedert
Treasurer