

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

01 JAN -8 PM 3:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000007231

1. Corporation Name

MEGA MICRO SYSTEMS INC.

Principal Place of Business

Mailing Address

1505 SUNNYHILLS DR.
BRANDON FL 33511

1505 SUNNYHILLS DR.
BRANDON FL 33511



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

REINSTATEMENT

2000

2. New Principal Office Address, If Applicable

863 W. Bloomingdale Blvd

3. New Mailing Office Address, If Applicable

863 W. Bloomingdale Blvd

4. Date Incorporated or Qualified
To Do Business in Florida

01/26/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3557126

Applied For

Not Applicable

City & State

City & State

BRANDON, FL 33511

BRANDON, FL 33511

Zip

Country

33511

US

Zip

Country

33511

US

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
CEO	JAMES D. RATCLIFF	1505 SUNNY LILLS DR	BRANDON, FL 33510
CFO	CHRIS VALENTINO	1413 GULFSTREAM C.	BRANDON, FL 33511

800003532569--6

-01/11/01--01038--002

****758.75 ****758.75

LS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

VALENTINO, CHRISTOPHER
1505 SUNNYHILLS DR.
BRANDON FL 33511

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 1-3-2001

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

SIGNATURE

1-3-2001 863-648475