PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
01 MAY 31 PM 3:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000014168

1. Corporation Name
M.I.S. AND, INC.

869 Sadler Rd. ste. 1
Amelia Island, FL 32034

2. Principal Office Address	3. Mailing Office Address
869 Sadler Rd.	Same
Suite, Apt. #, etc. Ste 1	Suite, Apt. #, etc.
City & State Amelia Island, FL	City & State
Zip 32034 / Country NASSAU	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number 59-3568248 ☐ 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: MICHAEL GRAY

Street Address (P.O. Box Number is Not Acceptable): 1791 FAIRWAY DR.

Suite, Apt. #, Etc.

City: Amelia Is. State: FL Zip Code: 32034

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****900.00 ****900.00

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: Michael Gray (REGISTERED AGENT MUST SIGN) Date: 5/29/01

CR2E081 (9/00)

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
Pres	MICHAEL GRAY	1791 FAIRWAY DR	AMELIA IS. FLA 32034
Vice Pres	SANDRA GRAY	1791 FAIRWAY DR.	AMELIA IS. FLA 32034
		REINSTATEMENT 2000-01	

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: Michael Gray 5/29/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

904-321-0093
904-277-3333
Daytime Phone #