PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
00 NOV 28 AM 11:28
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P99000053663

1. Corporation Name

MICROSIMMS, Inc.

2. Principal Office Address	3. Mailing Office Address
151 CRANDON Blvd.	151 CRANDON Blvd.
Suite, Apt. #, etc.: 122	Suite, Apt. #, etc.: 122
City & State: Key Biscayne FL	City & State: Key Biscayne FL
Zip: 33149 Country: USA	Zip: 33149 Country: USA

REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida: 6/14/99

5. FEI Number: 65-0926696 ☐ 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: ANGELICA I. LINA

Street Address (P.O. Box Number is Not Acceptable): 151 CRANDON Blvd. #122

Suite, Apt. #, Etc.: 122

City: Key Biscayne State: FL Zip Code: 33149

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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: X _____ Date: 11/27/00

REGISTERED AGENT MUST SIGN

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	ANGELICA I. LINA	151 CRANDON Blvd. 122	Key Biscayne, FL 33149
			KE

10. I certify that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report 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., 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: X _____ 11/27/00 305-752-5906

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

TOTAL P.01