FaX Audit Number: (((H05000056745 3)))

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99000090348

1. Corporation Name MICROSET SERVICES, INC.

REINSTATEMENT 01-05

2. Principal Office Address	3. Mailing Office Address
7146 TERRITORY LN.	7146 TERRITORY
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: SARASOTA, FLORIDA	City & State: SARASOTA, FLORIDA FLORIDA
Zip: 34240 Country: U.S.A	Zip: 34240 Country: U.S.A

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number: 65-0952479 ☐ 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: CHET BROWN

Street Address (P.O. Box Number is Not Acceptable): 7146 TERRITORY LN.

Suite, Apt. #, Etc.:

City: SARASOTA State: FL Zip Code: 34240

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent: Chet O. Brown Date: 3/1/05

REGISTERED AGENT MUST SIGN

CR2E081 (01/04)

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	CHARLES BROWN	15630 SR. 62	PARRISH, FL 34219
V. PRES	CHET O. BROWN	7146 TERRITORY LN.	SARASOTA, FL 34240

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: Chet O. Brown CHET O. BROWN 941-6507045

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

2052

Florida Department of State

Division of Corporations

Public Access System

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(((H05000056745 3)))

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To:
Division of Corporations
Fax Number : (850)205-0384

From:
Account Name : CAUTHEN AND FELDMAN, P.A.
Account Number : I19980000085
Phone : (352)343-2225
Fax Number : (352)343-7759

CORPORATION REINSTATEMENT

MICROJET SERVICES INC.

Certificate of Status	0
Certified Copy	0
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Estimated Charge	$1,350.00

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