

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

00 OCT 30 AM 8:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P99000103149**

1. Corporation Name

MICRO SNAP, INC.

Principal Place of Business

10601 BELCHER RD. SOUTH
LARGO FL 33777

Mailing Address

10601 BELCHER RD. SOUTH
LARGO FL 33777



REINSTATEMENT **00**

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		11/22/1999	
City & State		City & State		5. FEI Number	
Zip		Zip		52-2203-667	
Country		Country		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)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
D, CEO	WATERS, BURT	10601 BELCHER RD. SOUTH	LARGO FL 33777
D, PRES	JAMES A. STOTT	10601 BELCHER RD. S.	LARGO, FL. 33777
D, V-P	RONALD LEE FABER	10601 BELCHER RD, S.	LARGO, FL. 33777
			300003463853-3
			-11/15/00--01032--007
			****750.00 ****750.00
			REINSTATEMENT 00 18

8. Name and Address of Current Registered Agent

WATERS, BURT
10601 BELCHER RD. SOUTH
LARGO FL 33777

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

B. Waters SIGNATURE REQUIRED

Date **10/12/00**

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:

B. Waters
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
BURT WATERS

10/12/00 **727/544-6800**
Date Daytime Phone #

CR2ED40 (8/00)