

# 2011 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F04000003596

FILED  
Oct 28, 2011  
Secretary of State

**Entity Name:** DIGITAL INFRARED IMAGING, INC.

**Current Principal Place of Business:**

27700 SW PARKWAY AVENUE  
WILSONVILLE, OR 97070

**New Principal Place of Business:**

515 COOPER COMMERCE DRIVE  
SUITE 150  
APOPKA, FL 32703

**Current Mailing Address:**

27700 SW PARKWAY AVENUE  
WILSONVILLE, OR 97070

**New Mailing Address:**

FEI Number: 20-1277964      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

NRAI SERVICES, INC.  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301      US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: NRAI SERVICES, INC.

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DIR  
Name: LEWIS, EARL R  
Address: 27700 SW PARKWAY AVENUE  
City-St-Zip: WILSONVILLE, OK 97770

Title: DIR  
Name: DAVIS, WILLIAM W  
Address: 27700 SW PARKWAY AVENUE  
City-St-Zip: WILSONVILLE, OR 97070

Title: DIR  
Name: SUNDERMEIER, WILLIAM A  
Address: 27700 SW PARKWAY AVENUE  
City-St-Zip: WILSONVILLE, OR 97070

Title: PRES  
Name: SUNDERMEIER, WILLIAM A  
Address: 27700 SW PARKWAY AVENUE  
City-St-Zip: WILSONVILLE, OR 97070

Title: GM  
Name: TUCKER, KEVIN  
Address: 27700 SW PARKWAY AVENUE  
City-St-Zip: WILSONVILLE, OR 97070

Title: CFO  
Name: JORDAN, SEAN  
Address: 27700 SW PARKWAY AVENUE  
City-St-Zip: WILSONVILLE, OR 97070

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: HEATHER F. CHRISTIANSEN

AS

10/28/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date