

1032

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

13 JAN -9 PM 2:27

SECRET
TALLAHASSEE

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F06000001086

1. Corporation Name

FocusVision Worldwide, Inc.

2. Principal Office Address - No P.O. Box #

1266 Feast Main St.

Suite, Apt. #, etc.

3rd. Floor

City & State

Stamford, CT

Zip

06902

Country

USA

3. Mailing Office Address

1266 Feast Main St.

Suite, Apt. #, etc.

3rd. Floor

City & State

Stamford, CT

Zip

06902

Country

USA

REINSTATEMENT 11-12

CR2E081 (11/10)

4. Date Incorporated or Qualified

To Do Business in Florida 02/20/2006

5. FEI Number

330403952

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

Corporation Service Company

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

1201 Hays Street

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

800243431318

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

Stephanie Milnes Assoc. V.P.

Date 01/08/2013

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
Dir	Monty Yort	1266 East Main St	Stamford, CT 06902
Dir	Andrew Gaspar	1266 East Main St	Stamford, CT 06902
Dir	Ariel Kunar	1266 East Main St	Stamford, CT 06902
Dir	Eric Grosogeat	1266 East Main St	Stamford, CT 06902
Dir	Dave Stewart	1266 East Main St	Stamford, CT 06902
Sec	Keith Kahrs	1266 East Main St	Stamford, CT 06902

10. E-mail Address: kkahrs@focusvision.com

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Keith Kahrs

1 203 428-2450

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



CORPORATION SERVICE COMPANY

2052

ACCOUNT NO. : I20000000195
 REFERENCE : 488017 4301677
 AUTHORIZATION : *Handwritten signature*
 COST LIMIT : \$ 908.75 SM.

ORDER DATE : January 8, 2013
 ORDER TIME : 9:11 AM
 ORDER NO. : 488017-005
 CUSTOMER NO: 4301677

REINSTATEMENT

NAME: FOCUSVISION WORLDWIDE, INC.

2013 JAN -8 11:10 AM
 RECEIVED
 SUFFOLK COUNTY CLERK
 OFFICE OF THE CLERK

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- XX PLAIN STAMPED COPY
- XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Stephanie Milnes

EXAMINER'S INITIALS _____