


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
04 APR 16 PM 1:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000118033

1. Corporation Name
Sonsormatic Technology, Inc.

2. Principal Office Address 951 Yamato Road Suite, Apt. #, etc.		3. Mailing Office Address P.O. Box 8749 Suite, Apt. #, etc.	
City & State Boca Raton, FL		City & State Princeton, NJ	
Zip 33431	Country USA	Zip 08543-8749	Country USA

REINSTATEMENT 02-04

4. Date Incorporated or Qualified To Do Business in Florida December 29, 2000

5. FEI Number 65-1064625 Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$9.75 Additional fee required by the Secretary of State.

7. Name and Address of Current Registered Agent

Name
CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)
1200 S. Pine Island Road

Suite, Apt. #, Etc.

City
Plantation

State
FL

Zip Code
33324

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0606 or 617.0603, F.S.

Signature of Registered Agent Barbara A. Burke Date 4/15/04

Barbara A. Burke, Spec. Asst. Secy. 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/D	David E. Robinson	951 Yamato Road	Boca Raton, FL 33431
Secy.	Byron S Kalogerou	951 Yamato Road	Boca Raton, FL 33431
Treas.	Martina Hund-Mejean	951 Yamato Road	Boca Raton, FL 33431

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)(f), 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: David E. Robinson David E. Robinson Date 4/15/04

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

Te

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H04000081180 3))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 222-9428

CORPORATION REINSTATEMENT

SENSORMATIC TECHNOLOGY, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$1,050.00

Electronic Filing Menu

Corporate Filing

Public Access Help