PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
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CORPORATION REINSTATEMENT

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

DOCUMENT # 761557

1. Corporation Name
Crime Trac, Incorporated

00-01

REINSTATEMENT

2. Principal Office Address	3. Mailing Office Address
411 N. Main Street	PO Box 2603
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Gainesville, FL	City & State: Gainesville, FL
Zip: 32601 Country: USA	Zip: 32602 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number: 59-2374619 Applied For ☐ Not Applicable ☐

6. CERTIFICATE OF STATUS DESIRED ☐ $5.00

7. Name and Address of Current Registered Agent

Name: Robert S. Johnson

Street Address (P.O. Box Number is Not Acceptable): 4221 NW 3rd Place

Suite, Apt. #, Etc.:

City: Gainesville State: FL Zip Code: 32603

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: [signature] Date: 4-26-01

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
C	Robert S. Johnson	411 N. Main St.	Gainesville FL 32601
V/D	Joby Wise	7911 SW 22nd Ave.	Gainesville FL 32607
S	WJ Rossi	4501 SW 83rd Dr.	Gainesville FL 32608
T	Wendy Hamilton	2715 NW 104th Ct #4	Gainesville FL 32606

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: [signature] 4-26-01

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

(((H01000044468 6)))

AD

Florida Department of State

Division of Corporations

Public Access System

Katherine Harris, Secretary of State

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CORPORATION REINSTATEMENT

CRIME TRAC, INCORPORATED

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