

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 MAY 30 PM 4: 02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F01000004717**

1. Corporation Name

Trans Digital Technologies Corporation

2. Principal Office Address

c/o Viisage Technology Inc. 296 Concord Road

3. Mailing Office Address

c/o Viisage Technology Inc. 296 Concord Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Billerica, MA

City & State

Billerica

Zip

01821

Country

Zip

01821

Country

4. Date Incorporated or Qualified
To Do Business in Florida

09/05/2001

5. FEI Number

542032173

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

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

Lynia M. White

REGISTERED AGENT MUST SIGN

Date

5/22/06

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
Pres	Bernard C. Bailey	c/o Viisage Technology Inc. 296 Concord Road	Billerica, MA 01821
Sect	Elliot Mark	c/o Viisage Technology Inc. 296 Concord Road	Billerica, MA 01821
Trea	Bradley Miller	c/o Viisage Technology Inc. 296 Concord Road	Billerica, MA 01821
		8/6/06	

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 contained in Chapter 119, 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:

Bradley Miller

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/06

Date

978-932-2200

Daytime Phone #