

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV 10 AM 9:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F01000005910**

1. Corporation Name

IN.VISION RESEARCH CORPORATION

Principal Place of Business

150 2ND AVENUE NORTH, 5TH FLOOR
ST. PETERSBURG FL 33701

Mailing Address

150 2ND AVENUE NORTH, 5TH FLOOR
ST. PETERSBURG FL 33701

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/14/2001

5. FEI Number

33-0729450

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PCD	FRISKE, JOHN D JR.	150 2ND AVENUE NORTH, 5TH FLOOR	ST. PETERSBURG FL 33701
+ VO	BOSES, MICHAEL	150 2ND AVENUE NORTH, 5TH FLOOR	ST. PETERSBURG FL 33701
ST	FRISKE, JOHN D SR.	150 2ND AVENUE NORTH, 5TH FLOOR	ST. PETERSBURG FL 33701
D	HARVEY, SCOTT D	150 2ND AVENUE NORTH, 5TH FLOOR	ST. PETERSBURG FL 33701
D	CHAIT, PHILIP B	150 2ND AVENUE NORTH, 5TH FLOOR	ST. PETERSBURG FL 33701

8. Name and Address of Current Registered Agent

FRISKE, JOHN D JR.
150 2ND AVENUE NORTH, 5TH FLOOR
ST. PETERSBURG FL 33701

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

John D. Friske
SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date **10/29/03**

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., 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:

John D. Friske
JOHN D. FRISKE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **10/29/03**

Daytime Phone # **10/29/03**

CR2E040 (7/03)



29 October 2003

Florida Department of State
Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

Re: FEIN 33-0729450

To Whom It May Concern:

This is written to request the reinstatement of In.vision Research Corporation without penalty. That is, it is requested that the reinstatement fee be waived because this corporation did not receive any prior business reports (UBR).

A check for the fee to file without penalty is enclosed.

Yours truly,

A handwritten signature in cursive script, appearing to read "John D. Friske".

John D. Friske

Secretary

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