

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

1985-2016

DOCUMENT # F42573

1. Corporation Name

Finger-Print Systems Incorporated

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

19 West Flagler Street

Suite, Apt. #, etc.

912

City & State

Miami, Florida

Zip

33130

Country

USA

3. Mailing Office Address

19 West Flagler Street

Suite, Apt. #, etc.

912

City & State

Miami, Florida

Zip

33130

Country

USA

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

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

Guy Spiegelman

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

19 West Flagler Street

Suite, Apt. #, Etc.

Suite 912

City

Miami

State

FL

Zip Code

33130

100288490561

07/28/16 01022 023

\$5408.75

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

REGISTERED AGENT MUST SIGN

Date

8/9/2016

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
PD	P.J. McManamon	19 West Flagler Street, Suit 912	Miami, Florida 33130
D	Guy Spiegelman	19 West Flagler Streert, Suite 912	Miami, Florida 33130

10. E-mail Address: ggs@spiegelmanlaw.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:

8/9/2016 305-373-6634

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

K. ASHTON