PLEASE READ	ALL INSTRUCTIONS	BEFORE C	OMPLETING TI	HIS FORM.								
APPLICATION	FLORIDA DE RIME	NTO STATE	AR									
FOR REINSTATEMENT	Secretary of S			FILED)							
DOCUMENT # F9600003056 1. Corporation Name MOTIVISION AMERICA INC.			98 FEB - 5 PM 12: 09 SECRETARY OF STATE TALLAHASSEE, FLORIDA									
							Principal Place of Business	Mailing Address	61LF	E ARONINO ANER LONGO ANNO A	Dada Au rika A u rika Adalek Aurika K	IRTIR ariai b iri a a rii f a ai
							EUNTINGTON NY 41743	J55 NEW YORK AVE. HUNDINGTON NY 11743	NY-11742		ii a laige aigi aann bain bein aann alain bhaa 1111 ann aint aig alla	
			·									
If above addresses are incorrect in any way, line through incorrect information 2. New Principal Office Address, If Applicable 3. New Majling Office 4. 40			Date Incorporated or C To Do Business in Flor		8/1996							
Suite, Apt. #, etc. #200	Sulte, Apt. #, etc.	200 5. FEI Number _		Applied For								
City & State MI AMI FL. Zip - 11 O Country	City & State M/AM/	FZ.	11-326		Not Applicable							
33169 05	33169	<i>VS</i> .		3 DESIRED for a	Additional Fee required a Certificate of Status							
7. Names and Street Addresses of Each Officer an Name of Officers and/or Directors	Str	eet Address of Each		City / State	/ Zip							
PD WEBER, LESUE -755 NPW YORK		Se Post Office Box Nu	3SIH HUNTIN	GTON JYY, 11745								
	# 150 E	ND RUFFA	NY	, NY 101.	55							
			9000024263692 -02/10/9801029001									
			***	***324.73 *	****324.73							
												
8. Name and Address of Curren	t Registered Agent		9. Name and Address of	New Registered Age	ent .							
THE PRENTICE-HALL CORPORATION SYSTEM, INC.				WEBER								
1201 HAYS STREET SUITE 105	16401	D. Box Number is Not Acce	AVE 3	吃00								
TALLAHASSEE FL 32301		Suite, Apt. #, Etc.	·#	Ctato T								
10. I, being appointed the registered agent of the ab	oove named corporation am familiar w	MIA	nations of Section 607 050	FL	33169							
Signature of Registered Agent	REGISTERED AGENT MUST SIGN		_	JANU,	1998							
11. This corporation owes or h Intangible Personal Prope		ar Yes 🔲	No [3	(See other side for on intangib								
12. I certify that I am an officer or director or the receithis reinstatement application, the reason for discowed by the corporation have been paid and the on this application is true and accurate, and my second	solution has been eliminated, the corpo names of individuals listed on this for	rate name satisfies the m do not quality for ar	e requirements of section (n exemption under section	807.0401 or 617.0401,	, F.S., that all fees							
	-1-10											
SIGNATURE: SIGNATURE AND TYPED OR P	RINTED NAME OF SIGNING OFFICER OF	DIRECTOR	Date	•	ne Phone #							

The Section will be a second of the second o