

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 NOV 19 AM 9: 38

DOCUMENT # F96000005037

1. Corporation Name

SAFEGATE AIRPORT SYSTEMS, INC.

Principal Place of Business

3700 NW 124 AVE
SUITE 113
CORAL SPRINGS FL 33065

Mailing Address

3700 NW 124 AVE
SUITE 113
CORAL SPRINGS FL 33065



REINSTATEMENT B 01

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

09/25/1996

5. FEI Number

65-0303945

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
C	OSSEIRAN, SALAH N	PO BOX 86892 (N/A)	RIYADH, SAUDI ARABIA Beirut, Lebanon
VP	SOUBRA, MAHMOUD	893 S MATLACK ST	WEST CHESTER PA 19382
S	LEEDS, MICHAEL H	1200 N FEDERAL HIGHWAY, STE 309	BOCA RATON FL 33431
P	DUFFY THOMAS	7101 NORTH HAVEN CIRCLE, STE 203	BROOKLYN PARK, MN 55428
			400004706924--6 -12/05/01--01080--026 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

LEEDS, MICHAEL H
BLANK ROME COMISKY & MCCAULEY
1200 N FEDERAL HWY
BOCA RATON FL 33431

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.

Signature of
Registered Agent

Thomas B. Duffy

Date

11/6/01

REGISTERED AGENT MUST SIGN

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:

Thomas B. Duffy
SIGNATURE

Thomas B. Duffy

11/6/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #