

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 13 PM 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F96000005037

1. Corporation Name

SAFEGATE AIRPORT SYSTEMS, INC.

Principal Place of Business

7101 NORTHLAND CIRCLE
SUITE 203
BROOKLYN PARK MN 55428

Mailing Address

7101 NORTHLAND CIRCLE
SUITE 203
BROOKLYN PARK MN 55428

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	DAHL, BENGT	JARNYXEGATAN 13	MALMO, SWEDEN
D	HAMMARLUND, PER-OLOF	JARNYXEGATAN 13	MALMO, SWEDEN
P	DUFFY, THOMAS	7101 NORTHLAND CIRCLE	BROOKLYN PARK MN 55428
DVPS	LEEDS, MICHAEL	1200 N FEDERAL HWY. SUITE 417	BOCA RATON FL 33431 33432

8. Name and Address of Current Registered Agent

LEEDS, MICHAEL H
BLANK ROME DOMISKY & MCGAULEY LLP
1200 N FEDERAL HWY SUITE 417
BOCA RATON FL 33431 33432

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

SIGNATURE *[Signature]*

REGISTERED AGENT MUST SIGN

Date 11/11/03

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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03 NOVEMBER 2003 (763) 535-9299

Date

Daytime Phone #

CR2E040 (7/03)