

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

18192

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

01 MAY -9 PM 2: 02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F97000001011

1. Corporation Name

CID Technologies Inc.

2. Principal Office Address

100 Commerce Blvd.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Liverpool, NY

City & State

Zip

13088

Country

USA

Zip

Country

REINSTATEMENT 98-01

4. Date Incorporated or Qualified
To Do Business in Florida

02/26/97

SP

5. FEI Number

16-1467365

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

C T Corporation System

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

1200 South Pine Island Rd.

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

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

Laurie Byrnes

Date 5-9-01

REGISTERED AGENT MUST SIGN

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
See list of Officers and Directors attached hereto.			700004217417-10 -05/15/01--01082--011 ***1200.00 ***1200.00

10. 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:

Sandra L. Lambert

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5/3/01

Daytime Phone #

Pg 2 of 2

Active Officers' and Directors' Addresses

Thermo CIDTEC Inc.

<u>Name</u>	<u>Title</u>	<u>Business Address</u>
Robert V. Aghababian	Assistant Secretary	81 Wyman Street P.O. Box 9046 Waltham, MA 02454-9046
Kenneth J. Apicerno	Treasurer	81 Wyman Street P. O. Box 9046 Waltham, MA 02454-9046
Marijn E. Dekkers	Director	81 Wyman Street P.O. Box 9046 Waltham, MA 02454-9046
G. Roger Herd	President Director	81 Wyman Street P.O. Box 9046 Waltham, MA 02454-9046
Seth H. Hoogasian	Assistant Secretary	81 Wyman Street P.O. Box 9046 Waltham, MA 02254-9046
Sandra L. Lambert	Secretary	81 Wyman Street P.O. Box 9046 Waltham, MA 02254-9046