PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
99 NOV -1 AM 9:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F97000002191**

1. Corporation Name

BESAM AUTOMATED ENTRANCE SYSTEMS, INC.

Principal Place of Business	Mailing Address
81 TWIN RIVERS DRIVE HIGHSTOWN NJ 08520	81 TWIN RIVERS DRIVE HIGHSTOWN NJ 08520

REINSTATEMENT 99

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida: 03/18/1997

5. FEI Number: 06-0921379 ☐ 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
CD	SAMUELSSON, BERTIL	81 TWIN RIVERS DRIVE	HIGHSTOWN NJ 08520
PCD	LORIA, JOSEPH V	81 TWIN RIVERS DRIVE	HIGHSTOWN NJ 08520
VTD	BRUNO, ANTHONY J	81 TWIN RIVERS DRIVE	HIGHSTOWN NJ 08520
S	BERNSTEIN, DANIEL L	90 PARK AVE	NEW YORK NY 10016
			900003038839--2
			-11/09/99--01004--017
			****750.00 ****750.00

LS

8. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

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

CR2E040 (6/99)

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: Judith S. Blancett Judith S. Blancett, Date 11-1-99
REGISTERED AGENT MUST SIGN as agent

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: Anthony Bruno SR. V.P FINANCE 10/26/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
609-443-5800

0092098 AP