

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

00 JUN 22 PM 3:11

DOCUMENT # **F97000004565**

1. Corporation Name

GLOBAL ELECTION SYSTEMS, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

1611 WILMETH RD
MCKINNEY TX 75069-8250
US

Mailing Address

1611 WILMETH RD
MCKINNEY TX 75069-8250
US

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

08/29/1997

5. FEI Number

85-0394190

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 99-00

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
PD	VAN PELT, HOWARD T	1611 WILMETH RD	MCKINNEY TX 75069
D	COBBE, GEORGE B	11774 RIDGE CREEK CT	CUPERTINO CA 95014
T	SOKULSKI, MAURICE	2101-8805 HUDSON ST., VANCOUVER,	CANADA V6P 4M9
D	SOKULSKI, M. E	2101-8805 HUDSON ST., VANCOUVER,	CANADA V6P 4M9
VC	RICKARDS, CLINTON	13961 33RD AVENUE, SURREY, B.C.	CANADA V4P 2B2
C	BROWN, DAVID	625 AVENUE ROAD, APT. 701, TORON	CANADA M4V 2K7

8. Name and Address of Current Registered Agent

MCLAURIN, JOHN
502 ATLANTIC BLVD #247
JACKSONVILLE FL 32207
**40 Sandalwood Lane
Ormond Beach, FL
32174**

9. Name and Address of New Registered Agent

Name
500003349515-6
Street Address (P.O. Box Number is Not Accepted)
500003349515-6
Suite, Apt. #, Etc.
******900.00 ****900.00**
City
FL State 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

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date **06/15/2000**

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 REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
M. E. SOKULSKI 06/15/2000 972-542-6000
Date Daytime Phone #