## **APPLICATION FOR** REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State

**DIVISION OF CORPORATIONS** 

| DOCUMENT # <b>F970000456</b> |
|------------------------------|
|------------------------------|

1. Corporation Name

GLOBAL ELECTION SYSTEMS, INC.

Principal Place of Business

Mailing Address

1611 WILMETH RD MCKINNEY TX 75069-8250 1611 WILMETH RD MCKINNEY TX 75069-8250

DETAILSTATEMENT !

FILED .
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 OCT 26 PM 2: 20

| If above a                       | addresses are                          | incorrect in any way, lin | e through incorrect i | information a  | nd enter correction below.   | LIFIE   | OBW FIAIF                     |  |
|----------------------------------|--|---------------------------|-----------------------|--|------------------------------|---|-------------------------------|--|
|                                  |  |                           |                       | New Mailing Office Address, If Applicable                  |                              | Date Incorporated or Qualified     To Do Business in Florida     08/29/1997 |                               |  |
| Suite, Apt. #, etc. City & State |  |                           | Suite, Apt. #         | Suite, Apt. #, etc. City & State                           |                              |   | 5. FEI Number<br>85-0394190   |  |
|                                  |  |                           | City & State          |  |                              |   |                               |  |
| Zip                              |  | Country                   | Zip                   |  | Country                      | 6. CERTIFICATE  | OF STATUS DESIRED             | 1.75 Additional Fee required for a Certificate of Status |
| 7. Names                         | and Street Ad                          | dresses of Each Officer   | and/or Director (Flo  | orida nonprof  | it corporations must list at | least 3 directors)  | 101004658                     | 3081   |
| Title(s)                         | Name of Officers and/or Directors      |                           |                       | Street Address of Each<br>Officer and/or Director          |                              | -10/30/04 <sub>tv7</sub> (  | 91013014<br>****750.00        |  |
| PD                               | VAN PELT, HOWARD T<br>ROBERT UROSEVICH |                           |                       | 1811 WILMETH RD.<br>2804 GREENVIEW DR                      |                              |   | MCKINNEY TX 75069             | x 75069  |
| D                                | COBBE GEORGE B<br>BRIAN W. COURTNEY    |                           |                       | 1611 WILMETH RD  |                              |   | COPERING CA 9501              | <b>4</b> x 75069   |
| T                                | SOKULSKI, MAURICE                      |                           |                       | 2101-8805 HUDSON ST. VANCOUVER<br>800 WEST RENNER RD #1716 |                              |   | CANADA V6P 4M9<br>RICHARDSON, | TX 75080   |

| <del>Z</del>                                    | BROWN DAVID | 625 AVENUE R | DAD APT 701 TORON CANADA NAV 2K7<br>NUE ROAD 701 TORON CANADA NAV 2K7 | _ |  |  |  |
|---|-------------|--------------|---|---|--|--|--|
| 8. Name and Address of Current Registered Agent |             |              | Name and Address of New Registered Agent                              |   |  |  |  |
|   |             | M (20.11)    | Name  | _ |  |  |  |
| MCLA  | NURIN, JOHN |              | Street Address (P.O. Box Number is Not Acceptable)                    | _ |  |  |  |

2101-8805 HUDSON ST., VANCOUVER,

13961 33RD AVENUE, SURRAY, B.C.

**40 SANDALWOOD LANE ORMOND BEACH FL 32174** 

D

VC

SOKULSKI, M. E LARMER

RICKARDS, CLINTON

Suite, Apt. #, Etc.

City

State Zip Code

TX 75069

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 MUST SIGN

CANADA V6P 4M9 MCKINNEY,

CANADA V4P 2B2

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 filling 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: