

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

**APPLICATION FOR REINSTATEMENT**

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

DOCUMENT # **F99000001652**

1. Corporation Name  
**PALADYNE CORP.**

Principal Place of Business Mailing Address

**610 CRESCENT EXECUTIVE CT.  
SUITE 124  
LAKE MARY FL 32746**

**610 CRESCENT EXECUTIVE CT.  
SUITE 124  
LAKE MARY FL 32746**

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

2. New Principal Office Address, If Applicable  
**3020 Alarka Ct**  
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable  
**3020 Alarka Ct**  
Suite, Apt. #, etc.

City & State  
**Longwood FL**

City & State  
**Longwood FL**

Zip  
**32779**

Country  
**USA**

Zip  
**32779**

Country  
**USA**

**FILED**  
**01 NOV 14 AM 10:23**  
**SECRETARY OF STATE  
TALLAHASSEE FLORIDA**



4. Date Incorporated or Qualified To Do Business in Florida  
**03/29/1999**

5. FEI Number  
**59-3562953**

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
<del>SEC</del> S	WEINDRUCH, RONALD L	<del>610 CRESCENT EXECUTIVE CT., STE-</del> <b>3020 Alarka Ct</b>	<del>LAKE MARY FL 32746</del> <b>Longwood, FL 32779</b>
<del>PCO</del> D	<del>LANDIS, JOSEPH</del> <b>Leifheit, Terrence</b>	<del>610 CRESCENT EXECUTIVE CT., STE-</del> <b>3020 Alarka Ct</b>	<del>LAKE MARY FL 32746</del> <b>Longwood, FL 32779</b>
D	<del>ARWAL, PETER B</del> <b>Clark, Clifford A.</b>	<del>610 CRESCENT EXECUTIVE CT., STE-</del> <b>3020 Alarka Ct</b>	<del>LAKE MARY FL 32746</del> <b>Longwood, FL 32779</b>
D	<del>FOSTER, JOHN D</del> <b>Willis, William E.</b>	<del>610 CRESCENT EXECUTIVE CT., STE-</del> <b>3020 Alarka Ct</b>	<del>LAKE MARY FL 32746</del> <b>Longwood, FL 32779</b>
D	<b>HORN, KENNETH W</b>	<del>610 CRESCENT EXECUTIVE CT., SUITE-</del> <b>3020 Alarka Ct</b>	<del>LAKE MARY FL 32746</del> <b>Longwood, FL 32779</b>
D	<del>KASHUI, WILLIAM N OR</del> <b>McGovern, James L.</b>	<del>610 CRESCENT EXECUTIVE CT., STE-</del> <b>3020 Alarka Ct</b>	<del>LAKE MARY FL 32746</del> <b>Longwood FL 32779</b>

8. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525**

9. Name and Address of New Registered Agent

Name  
**Ronald L. Weindruch**

Street Address (P.O. Box Number is Not Acceptable)  
**3020 Alarka Ct.**

Suite, Apt. #, Etc.

City  
**Longwood**

State  
**FL**

Zip Code  
**32779**

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.

**700004717097--5**  
**-12/10/01--01098--008**  
**\*\*\*\*150.00 \*\*\*\*150.00**

Signature of Registered Agent **Ronald L. Weindruch**

REGISTERED AGENT MUST SIGN

Date **11/06/01**

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: **President**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **11/06/01**

Daytime Phone # **910-478-0097**

CR2EQ40 (8/01)

2982  
3020 Alarka Ct  
Longwood, FL 32779  
Phone 910-478-0097 ext.6016

Paladyne Corporation, Inc.

November 6, 2001


Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

Dear Sir or Madam:

We are requesting a waiver for the Reinstatement Fee. Due to the drastic change in Officers/Directors and our address, we did not receive the original form. We only recently became aware that this form had not been filed with you. The Annual Report Fee and the Corporate Supplemental Fee are enclosed with the form.

If this request is denied or you need any further information please contact Darlene Caley at 910-478-0097 extension 6016.

Sincerely,

  
Terrence J. Leifheit  
President