

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # K61023 1. Corporation Name VIEW SYSTEMS, INC.			
Principal Place of Business 9693 GERWIG LANE SUITE O COLUMBIA MD 21046		Mailing Address SAME	
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		3. New Mailing Office Address, if Applicable Suite, Apt. #, etc. City & State Zip	
		4. Date Incorporated or Qualified To Do Business in Florida 01/26/89	
		5. FEI Number 59-2928366	
		6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>	
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 (Do NOT Use Post Office Box Numbers)	City / State / Zip
PRES/TREAS	GUNTHER THAN	9693 GERWIG LANE SUITE O	COLUMBIA MD 21046
VP/SEC'Y	ANDREW JIRANEK	9693 GERWIG LANE SUITE O	COLUMBIA MD 21046
DIR	MARTIN MAASSEN	9693 GERWIG LANE SUITE O	COLUMBIA MD 21046
DIR	DAVID BARBARA	9693 GERWIG LANE SUITE O	COLUMBIA MD 21046
DIR	MICHAEL BAGNOLI	9693 GERWIG LANE SUITE O	COLUMBIA MD 21046
8. Name and Address of Current Registered Agent			
9. Name and Address of New Registered Agent			
JOSEPH CAMILLO 200 EAST ROBINSON STREET SUITE 450 ORLANDO FL 32801		HIQ CORPORATE SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 526 EAST PARK AVENUE Suite, Apt. #, Etc. City TALLAHASSEE	
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.		12/23/93--01007--019 FL 32301	
Signature of Registered Agent <i>[Signature]</i>		Date DECEMBER , 1999	
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (See other side for information on intangible tax.)			
12. 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 name 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: <i>[Signature]</i>		ANDREW JIRANEK, VICE PRESIDENT	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 12/14/99	

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 99

CR22040 (1/98)