

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

01 JAN -5 AM 10:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # K61023

1. Corporation Name

VIEW SYSTEMS, INC.

Principal Place of Business

9693 GERWIG LANE  
SUITE O  
COLUMBIA MD 21046

Mailing Address

9693 GERWIG LANE  
SUITE O  
COLUMBIA MD 21046

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

01/26/1989

5. FEI Number

59-2928366

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PTS	THAN, GUNTHER	9693 GERWIG LANE, SUITE O	COLUMBIA MD 21046
<del>VPS</del>	<del>JIRANEK, ANDREW</del>	<del>9693 GERWIG LANE, SUITE O</del>	<del>COLUMBIA MD 21046</del>
D	MAASSEN, MARTIN	9693 GERWIG LANE, SUITE O	COLUMBIA MD 21046
<del>D</del>	<del>BARBARA, DAVID</del>	<del>9693 GERWIG LANE, SUITE O</del>	<del>COLUMBIA MD 21046</del>
<del>DVP</del>	BAGNOLI, MICHAEL	9693 GERWIG LANE, SUITE O	COLUMBIA MD 21046

8. Name and Address of Current Registered Agent

HIQ CORPORATE SERVICES, INC.  
526 EAST PARK AVENUE  
TALLAHASSEE FL 32301

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

600003532756--2

-01/11/01--01049--006

\*\*\*\*308 State Zip Code

FL

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]*  
REGISTERED AGENT MUST SIGN

Date 12-28-2000

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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-27-2000

Date

Daytime Phone #

CR2E040 (8/00)