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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT OF CORPORATIONS

L02000032017

FILED

1. DOCUMENT # L02000032017

Name and Mailing Address

04 MAR 15 AM 9:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0007910 01 AT 0.292 **AUTO T9 0 0615 33193-291923



VISONICS, LLC
15823 SW 79 STREET
MIAMI FL 33193-2919



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 11/27/2002	
Principal Place of Business 15823 SW 79 STREET MIAMI FL 33193	3. New Principal Place of Business Address	6. FEI Number 06-1668656	Applied For Not Applicable
City, State, Zip		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent MILLAN, JORGE 15823 SW 79 STREET MIAMI FL 33193	9. Name and Address of New Registered Agent
	Name
	Street Address (P.O. Box Number is Not Acceptable) 400030486064
	03/15/04--01068--004 **200.00
	City FL Zip Code

10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent *[Signature]* **SIGNATURE REQUIRED** Date 02/28/04
REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
<i>MR</i>	Jorge Millan	15823 SW 79 ST	Miami, FL 33193
<i>MR</i>	Jhon J. Possu	9740 NW 48 Terr	Miami, FL 33178

2003-2004
3/25/04

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager *[Signature]* **SIGNATURE REQUIRED** Date 02/28/04 Daytime Phone # 305-382-5503

Typed or printed name of signing Managing Member/Manager

CR2E084 (7/03)