

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
Marjorie Harris
Secretary of State
BUREAU OF CORPORATIONS

DOCUMENT # P00000086969

1. Corporation Name

SOUTHERN BIOMETRIC, INC.

Principal Place of Business

1749 E. HALLANDALE BEACH BLVD.
SUITE 260
HALLANDALE BEACH FL 33009

Mailing Address

1749 E. HALLANDALE BEACH BLVD.
SUITE 260
HALLANDALE BEACH FL 33009

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

09/11/2000

5. FEI Number

65-1046905

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) 1 | Name of Officers and/or Directors 2 | Street Address of Each Officer and/or Director 3 | City / State / Zip 4 |
|---------------|---|--|-------------------------|
| P/D | Sandra Medina | 909 SW 7 Terr Hallandale FL 33009 | Hallandale, FL 33009 |
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400004657824--7
10/29/01 01083-019
****158.75 LS ****158.75

8. Name and Address of Current Registered Agent

MEDINA, SANDRA
909 SW 7 TERRACE
HALLANDALE BEACH FL 33009

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

Sandra Medina
REGISTERED AGENT MUST SIGN

Date

10/11/01

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sandra Medina
Sandra Medina

Date

954-296-0548

10/11/01

Daytime Phone #

CR2E040 (8/01)

2062

Southern Biometric, Inc.

1749 East Hallandale Beach Blvd

Suite 260

Hallandale Beach, FL 33009

954/296-0548

October 11, 2001

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

RE: NOTICE OF ADMINISTRATIVE DISSOLUTION OR REVOCATION FOR 2001

Dear Sir or Madam:

We recently received the above-mentioned notice. In this notice it indicates your office has sent two notices of which we never received. According to your representative, Tyrone, he has indicated that those two very notices have been returned to your department.

With the utmost respect we are making the request to void the charges of \$600. We are a responsible company, which holds all matters such as these very seriously. This is our first year in business, and this should never happen again.

Enclosed you will find the appropriate fee of \$150.00. Please process accordingly.

~~Should you have any questions please do not hesitate to give us a call at~~
954/296-0548.

Thank you,
SOUTHERN BIOMETRIC, INC.



Sandra Medina, O.T.
President