

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 JUN -4 PM 1:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P020000074531**

1. Corporation Name

Biometric technologies Inc

600181712926
05/04/10--01034--015 **450.00

REINSTATEMENT 08-10

2. Principal Office Address - No P.O. Box #

3275 W. Hillsboro Blvd.

3. Mailing Office Address

3275 W. Hillsboro

Suite, Apt. #, etc.

100

Suite, Apt. #, etc.

100

City & State

Deerfield Beach FL

City & State

Deerfield Beach FL

Zip

33442

Country

USA

Zip

33442

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

2005

5. FEI Number

01-0770152

Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Scott Kimmel

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

3275 W. Hillsboro Blvd

Suite, Apt. #, Etc.

100

City

Deerfield Beach

State

FL

Zip Code

33442

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of

Registered Agent

REGISTERED AGENT MUST SIGN

Date

1-20-10

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Vice Pres	Scott Kimmel	3275 W. Hillsboro	Deerfield Beach, FL

10. E-mail Address: **Scott.Kimmel@Broclaim.com**

(To be used for future annual report notification)

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. I further certify, 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

Date

Daytime Phone #

1-20-10

JKL/8