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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. 2004 APR 23 PM 3:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P03000079719

1. Corporation Name
FINGERPRINT DETECTION TECHNOLOGIES, INC.

REINSTATEMENT 2004

2. Principal Office Address	3. Mailing Office Address
300 Sunport Lane	300 Sunport Lane
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Orlando, FL	City & State: Orlando, FL
Zip: 32809 Country: USA	Zip: 32809 Country: USA

4. Date Incorporated or Qualified To Do Business In Florida: 7/21/2003

5. FEI Number: N/A — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☑ — SEE Application Fee Required for Certificate of Status

7. Name and Address of Current Registered Agent

Name: Mark Mroczkowski

Street Address (P.O. Box Number is Not Acceptable): 300 Sunport Lane

Suite, Apt. #, Etc.:

City: Orlando State: FL Zip Code: 32809

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent: _____ Date: 4/23/04

REGISTERED AGENT MUST SIGN

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
CEO/D	Nicholas H. VandenBrekel	300 Sunport Lane	Orlando, FL 32809
CFO/D/	Mark L. Mroczkowski	300 Sunport Lane	Orlando, FL 32809

10. I certify that I am an officer or director of the member 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: _____ 4/24/04 (407) 541-0773

SIGNATURE AND TYPED OR PRINTED NAME OF EXECUTING OFFICER OR DIRECTOR — Date — Daytime Phone #

Florida Department of State

Division of Corporations
Public Access System

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(((H04000088040 3)))

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Account Number : I20000000195
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H2C

CORPORATION REINSTATEMENT

FINGERPRINT DETECTION TECHNOLOGIES, INC.

Certificate of Status	1
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