PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION ... FOR REINSTATEMENT



P29595

FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State

DIVISION OF CORPORATIONS

FILED

00 OCT 30 AM 8: 45

SECRETARY OF STATE TALLAHASSEE, FLORIDA

1. Corporation Name)
INTELLIKEY	CORPORATION

Principal Place of Business

DOCUMENT #

Mailing Address

551 S. APOLLO BLVD.

Country

551 S. APOLLO BLVD. SUITE 204

SUITE 204

MELBOURNE FL 32901

MELBOURNE FL 32901

If above addresses are incorrect in any way, line thr	ough incorrect information and enter correction below.	HEINS I A I EMEN	rouv_
2. New Principal Office Address, If Applicable	New Mailing Office Address, If Applicable	4: Bats man be atom	i/01/1990
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. FEI Number	Applied For
City & State	-City & State	59-2959640	- Not Applicable

Country

Zip		Country	Zip	Co	untry	CERTIFICATE OF STATUS DESIRED for a Certificate of Status
7. Names	and Street Ad	dresses of Each Officer and/o	or Director (Flor	rida nonprofit cor	porations must list at lea Street Address of Each	st 3 director 2000 11/20/00 01/51 014
Title(s)	2	and/or Directors		3	Officer and/or Director	-11/20/0001151014 4 ****750.00 *****750.00
.	BARR, DO	NALD		551 S. APOL	TO BLAD.	MELBOURNE FL-
-0	CONN, JC	HN L		551 S APOL	LO BLVD SUITE 204	MELBOURNE FL:
-Р	WILKERS	ON, WAYNE		551 S APOL	LO BLVD STE 204	MELBOURNE FL 32991
CD	VERGE, W	ALLIAM G.		551 S APOL	LO BLVD STE 204	MELBOURNE FL-
-D	BLEWETT	JOHN		551 S APOL	LO BLVD, SUITE 204	MELBOURNE FL
D	POWELL,	KYLE E		551 S APOL	LO BLVD SUITE 204	MELBOURNE FL

8. Name and Address of Current Registered Agent	Name and Address of New Registered Agent
WILKERSON, WAYNE O 551 S. APOLO BLVD	Name DAVID Mc GLOIN -Street Address (P.O. Box Number is Not Acceptable) 551 S. Affords BLV0.
SUITE 204 MELBOURNE FL 32901	Suite, Apt. #, Etc. City State 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

REGISTERED AGENT MUST SIGN

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 filling 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:

A	and the	XODE	DAGEM	e GLOIN
GN.	TURE AND TYPED	R PRINTED NAME	OF SIGNING OFFICER	OR DIRECTOR

\$8.75 Additional Fee required



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Title	Name of Officers And/or Directors	Street Address	City/State/Zip
D	Donald Proctor	551 S. Apollo Blvd	Melbourne, Fl.
D	Werner Stolz	551 S. Apollo Blvd	Melbourne, Fl.
CD	Esther Weber	551 S. Apollo Blvd	Melbourne, Fl.
S/VP	David McGloin	551 S. Apollo Blvd	Melbourne, Fl.
VP	Pino Baldassarre	551 S. Apollo Blvd	Melbourne, Fl.
VP	Singh Chhatwal	551 S. Apollo Blvd	Melbourne, Fl.

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