

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 FEB 18 PM 3:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *795000094414*

1. Corporation Name

IMMERSION TECHNOLOGIES, INC.

2. Principal Office Address

7615 S.W. 180th Terr.

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33157

Country

USA

3. Mailing Office Address

7615 S.W. 180th, Terr.

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33157

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

12/11/1995

5. FEI Number

65-0635438

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$875 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

CHRIS PEDERSEN

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

7615 S.W. 180th Terr.

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33157

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

X

Chris Pedersen

REGISTERED AGENT MUST SIGN

Date 2/5/02

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
D	Chris Pedersen	7615 S.W. 180th Terr.	MIAMI, FL 33157

10. 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:

Chris Pedersen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHRIS PEDERSEN
DIRECTOR

2/5/02
Date

305-969-5289
Daytime Phone #

CR2E081 (9/01)

IMMERSION TECHNOLOGIES, INC.

7615 S.W. 180th Terrace
MIAMI, FL 33157
(305) 969-5289

Real 2

February 5, 2002

Florida Department of State
Division Of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Immersion Technologies, Inc.
FEI # 65-0635438

Dear Tax Collector,

Enclosed find a Corporation Reinstatement for the above-mentioned corporation with their check # 8052 in the amount of \$ 300.00. This check is for the UBR form for 2001 and 2002.

We did not receive the UBR form in 2001. Please note our change of address.

Thank you in advance for your assistance with this matter.



Chris Pedersen
Director
Immersion Technologies, Inc.