

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 OCT 22 PM 12: 52

DOCUMENT # PG0000074135

**1. Corporation Name**

LAW ENFORCEMENT TECHNOLOGIES, INC.

**2. Principal Office Address**

631 U. S. Hwy One

Suite, Apt. #, etc.

411

City & State

North Palm Beach, FL

Zip

33408

Country

**3. Mailing Office Address**

Suite, Apt. #, etc.

City & State

Zip

Country

**REINSTATEMENT** 01

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

**\$P**

**5. FEI Number**

65-0743592

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

Fisch, Mark

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

631 U. S. Hwy One

Suite, Apt. #, Etc.

Suite 411

City

North Palm Beach

State

FL

Zip Code

33408

400004671224-2

-11/07/01--01066--07

\*\*\*\*750.00 \*\*\*\*750.00

**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

Date 10/09/01

REGISTERED AGENT MUST SIGN

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

| Titles | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip         |
|--------|--------------------------------------|---|----------------------------|
| PD     | Fisch, Mark                          | 631 U.S. Hwy One<br>Suite 411                     | North Palm Beach, FL 33408 |
|        |                                      |   |                            |
|        |                                      |   |                            |
|        |                                      |   |                            |
|        |                                      |   |                            |
|        |                                      |   |                            |

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-9-01 (201) 845-7177

CR2081 (9/00)