

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 APR 30 AM 10:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

P96000077810

1. Corporation Name

Optical Sensor Systems, Inc.

2. Principal Office Address

2530 Kirby Street NE

Suite, Apt. #, etc.

303

City & State

Palm Bay, FL

Zip

32905

Country

Brevard

3. Mailing Office Address

2530 Kirby Street NE

Suite, Apt. #, etc.

303

City & State

Palm Bay, FL

Zip

32905

Country

Brevard

REINSTATEMENT 00-01

4. Date Incorporated or Qualified
To Do Business in Florida

August 1996

5. FEI Number

59-3406837

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

W.D. Barnes

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

310 Fifth Avenue

Suite, Apt. #, Etc.

City

Indianapolis

State

FL

Zip Code

32903

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

W.D. Barnes
REGISTERED AGENT MUST SIGN

Date

4-20-01

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
Pres	Barry Grossman	2530 Sherwood Avenue	Satellite Bch, FL 3293

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:

Barry Grossman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/1/01

Daytime Phone #

321-223-3376