PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE **APPLICATION Katherine Harris** FOR FILED Secretary of State REINSTATEMENT **DIVISION OF CORPORATIONS** 99 FEB 11 PM 4:03 P 96000104358 DOCUMENT # SECRETARY OF STATE 1. Corporation Name TALLAHASSEE, FLORIDA Metal Detectoro due Principal Place of Business 5642 Enterprise Pkwy 5642 Enterprise 71 Muzio,71 Pkiny 33905 71 Myes, 71 339050 REINSTATEMEN If above addresses are incorrect in any way, line through incorrect information and enter correction below 3. New Mailing Office Address. Il Applicate 2. New Principal Office Address, I Applicable 386 Norwood CT Date Incorporated or Qualified To Do Business in Florida 12/31/96 Suite, Apt. #, etc Suite, Apt. #, etc. 5. FEI Number 65-0728 Applied For Miser Not Applicable Miser 6 Country <sup>Zip</sup>:33919 \$8.75 Additional Fee required for a Certificate of Status 3919 0 3 ፚ፝፝፝፝፝፝፞፞፞፞፞፞፞፞ጜ CERTIFICATE OF STATUS DESIRED 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Street Address of Each Name of Officers Officer and/or Director (Do NOT Use Post Office Box Numbers) and/or Directors Title(s) City / State / Zip з tm Ash Je 02/16/99--01088--014 \*\*\*\*908.75 \*\*\*\*908.75 386 Norwood a PVP ៜក្ 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name INdrew ROSEN GNON Address (P.O. Box Number CR2E081 McThis + Jessen Presidential wit Zip Code 33919 Myers accept the obligations of Section 607.0505, F.S. 10. I, being appointed the register name agent of the ab Signature of Registered Agent Date APGISTERED, AGENT MUST SIGN 11. This corporation owes the current year (See other side for information on intangible tax.) Yes 🔲 No 🕻 Intangible Personal Property Tax due June 30. 12. 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: