

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 MAR 13 PM 3: 32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P97000013330**

1. Corporation Name

OBJECTCAM INTEGRATED TECHNOLOGIES, INC.

2. Principal Office Address

7280 STERLING ROAD

Suite, Apt. #, etc.

#101

City & State

HOLLYWOOD FL.

Zip

33024

Country

USA

3. Mailing Office Address

111-30 77TH RD.

Suite, Apt. #, etc.

1ST FLOOR

City & State

FOREST HILLS N.Y.

Zip

11375

Country

QUEENS

REINSTATEMENT

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

2/10/97

5. FEI Number

65-0742874

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

Charles Franco

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

7280 STERLING ROAD

Suite, Apt. #, Etc.

#101

City

HOLLYWOOD

State

FL

Zip Code

33024

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

Charles Franco

Date **3/16/2011**

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 Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRESIDENT	CHARLES A. MONTEIRO	111-30 77TH RD.	HOLLYWOOD, FL. 33024

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/10/2011

Daytime Phone #

718-425-4534

CR2E081 (9/99)