

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 APR -9 AM 10:10

DOCUMENT # P97000/04310

1. Corporation Name

Optic Identification Technology  
Systems, Inc.

900016219129  
04/17/03--01075--019 \*\*1058.75

**REINSTATEMENT** 01-03

2. Principal Office Address

3050 Biscayne Blvd.  
Suite, Apt. #, etc. # 507

3. Mailing Office Address

P.O. Box 330787  
Suite, Apt. #, etc.

4. Date Incorporated or Qualified  
To Do Business in Florida

12/1997

City & State

Miami, Florida

City & State

Miami, Florida

Zip

33137 Dade

Zip

33233 Dade

5. FEI Number

05-0800853

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

Clifford Stein

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

5345 Pine Tree Drive

Suite, Apt. #, Etc.

City

Miami Beach

State

FL

Zip Code

33140

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

[Signature]  
REGISTERED AGENT MUST SIGN

Date

4/8/03

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
P/D	Honroe Zalkin	3050 Biscayne Blvd.	Miami, Fl. 33137
C/D	Clifford Stein	5345 Pine Tree Drive	MB, Fl. 33140

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

4/8/03

Date

(305)576-0011

Daytime Phone #

CR2E081 (10/02)