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
DIVISION OF CORPORATIONS
01 MAR 22 PM 3:13

DOCUMENT # P98000061616

1. Corporation Name

SENSE TECHNOLOGIES, INC.

REINSTATEMENT 99-01

2. Principal Office Address	3. Mailing Office Address
7300 W. McNab Road	7300 W. McNab Road
Suite, Apt. #, etc: Suite 117	Suite, Apt. #, etc: Suite 117
City & State: Tamarac, FL	City & State: Tamarac, FL
Zip: 33321 Country: U.S.	Zip: 33321 Country: U.S.

4. Date Incorporated or Qualified To Do Business in Florida: 7/13/98

5. FEI Number: 65-0859753 ☐ 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: Andrew Goldrich

Street Address (P.O. Box Number is Not Acceptable): 7300 W. McNab Road

Suite, Apt. #, Etc: Suite 117

City: Tamarac, State: FL Zip Code: 33321

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: Andrew Goldrich (REGISTERED AGENT MUST SIGN) Date: 3/19/01

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
PTD	Dore S. Perler	7300 W. McNab Road, Ste. 117	Tamarac, FL 33321
SDV	Andrew Goldrich	7300 W. McNab Road, Ste. 117	Tamarac, FL 33321

10. I certify that I am an officer or director of 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 those persons 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 is to have the same legal effect as if made under oath.

By: Andrew Goldrich

SIGNATURE: Andrew Goldrich (SIGNATURE AND TITLE OF AUTHORIZING OFFICER (SEE ABOVE)) 3/19/01 (Date) 954-726-1422 (Daytime Phone #)

Florida Department of State

Division of Corporations

Public Access System

Katherine Harris, Secretary of State

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H01000029413 1)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)922-4004

From:
Account Name : ATLAS PEARLMAN, P.A. MPM
Account Number : 076247002423
Phone : (954)763-1200
Fax Number : (954)766-7800

CORPORATION REINSTATEMENT

SENSE TECHNOLOGIES, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	$1,050.00

 G176-01