1/2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 FEB 22 PM 4:00

CORPORATION REINSTATEMENT

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

DOCUMENT # P99000012798

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-03/11/02--01063--025
****900.00 ****900.00

01-02

REINSTATEMENT

1. Corporation Name

BIOMETRICS 2000.COM CORPORATION

2. Principal Office Address	**3.** Mailing Office Address
120 CARANDO DRIVE	120 CARANDO DRIVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
SPRINGFIELD, MA.	SPRINGFIELD, MA.
Zip: 01104 Country: USA	Zip: 01104 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: FEB. 1997

5. FEI Number: 65-0894743 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: WILLIAM R. WHEELER

Street Address (P.O. Box Number is Not Acceptable): 14955 HORSESHOE TRACE

Suite, Apt. #, Etc.:

City: WELLINGTON State: FL Zip Code: 33414

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: William R. Wheeler Date: 2/21/2002
REGISTERED AGENT MUST SIGN

CR2E061 (9/01)

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	JOSEPH TUREK	659 MOUSON RD	WILBRAHAM MA 01095
TREA	WILLIAM R WHEELER	14955 HORSESHOE TR.	WELLINGTON FL 33414
~~DIR~~			
VP	FRANK POLIDORO	167 KAKEOUT RD	KINNELON, NJ
VP	MICHAEL JOESON	P.O. BOX 622	LANDING, NJ
VP	DAVID KERN	52 KETTLE HOLE RD	W. BARNSTABLE, MA

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 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.

443-1677

SIGNATURE: JOSEPH TUREK 2/21/2002 AL
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

1. Entity Name

Biometrics 2000.com Corporation

CLIENTS COPY

Principal Place of Business / Mailing Address

120 Carando Drive
Springfield, MA 01104

2. Principal Place of Business	3. Mailing Address
120 Carando Drive Suite, Apt. #, etc.	120 Carando Drive Suite, Apt. #, etc.
City & State: Springfield, MA	City & State: Springfield, MA
Zip: 01104 Country: USA	Zip: 01104 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0894743 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

William R. Wheeler
14955 Horseshoe Trace
Wellington, FL 33414

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Joseph J. Turek, Jr. 659 Monson Rd. Wilbraham, MA ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Dave Kern 52 Kettle Hole Road West Barnstable, MA ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer Randy Wheeler 14955 Horseshoe Trace Wellington, FL ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Randy Wheeler 14955 Horseshoe Trace Wellington, FL ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Clerk Randy Wheeler 14955 Horseshoe Trace Wellington, FL ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Joseph J. Turek, Jr. 659 Monson Rd. Wilbraham, MA ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Frank Polidoro 167 Kakeout Rd. Hinnecon, NJ ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Michael Iveson P.O. Box 622, Landing, NJ ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (11/00)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Joseph Turek