

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

DOCUMENT # P99000012798

1. Corporation Name

BIOMETRICS 2000.COM CORPORATION

Principal Place of Business

120 CARANDO DRIVE
SPRINGFIELD MA 01104

Mailing Address

120 CARANDO DRIVE
SPRINGFIELD MA 01104

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 2003



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4. Date Incorporated or Qualified
To Do Business in Florida

02/05/1999

5. FEI Number

65-0894743

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	TUREK, JOSEPH J JR	659 MONSON RD.	WILBRAHAM MA
TC	WHEELER, WILLIAM R	14955 HORESHOE TRACE	WELLINGTON FL
VPD	POLIDORO, FRANK	167 KAKEOUT RD	HINNECON NJ
D	IVESON, MICHAEL	PO BOX 622	LANDING NJ
D	KERN, DAVE	52 KETTLE HOLE ROAD	WEST BARNSTABLE MA

8. Name and Address of Current Registered Agent

WHEELER, WILLIAM R
14955 HORSESHOE TRACE
WELLINGTON FL 33414

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

William R. Wheeler
REGISTERED AGENT MUST SIGN

Date

Oct. 19, 2003

11. 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

Date

Daytime Phone #

Joseph Turek 10/10/03 413 530 2921

CH2E040 (7/03)