


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>	 <b>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</b>
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FILED

07 SEP 11 AM 10:10

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TALLAHASSEE, FLORIDA

DOCUMENT # P99000033242

1. Corporation Name

Intelens, Corporation

REINSTATEMENT 01-07

2. Principal Office Address  
Tuengen Alle 1B

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Oslo, Norway

City & State

Zip Country

Zip Country

CR2E081 (8/05)

4. Date Incorporated or Qualified  
To Do Business in Florida 4/12/1999

5. FEI Number ☒ 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  
CT Corporation System  
Street Address (P.O. Box Number is Not Acceptable)  
1200 South Pine Island Road  
Suite, Apt. #, Etc.  
City  
Plantation

State  
FL  
Zip Code  
33324

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] Date 9/4/07  
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
Dir.	Dag Swanstrom	Tuengen Alle 1B	Oslo, Norway
			500109597445 09/20/07--01020--018 **1500.00
			500109597445 09/20/07--01020--018 **8.75

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] DAG SWANSTROM 9/7/07 44740628090  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

9/9/12