


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 JAN 15 PM 1:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F97000001652**

1. Corporation Name
FLIR SYSTEMS, INC.

Principal Place of Business Mailing Address

16505 SW 72ND AVE. 16505 SW 72ND AVE.
PORTLAND OR 97224 PORTLAND OR 97224



900002747349--6

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 08-19
B. 11/1/99

4. Date Incorporated or Qualified To Do Business in Florida
01/20/99 01830 005
900.00 ***900.00
04/01/1997

5. FEI Number
93-0708501 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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
CCEO	DALTRY, ROBERT P	1405 OCUNTRY COMMONS	LAKE OSWEGO OR 97034
VCP	STRINGER, J K III	14100 SW REDWOOD CT.	LAKE OSWEGO OR 97034
D	HART, JOHN C	2420 SW MAYFIELD	PORTLAND OR 97225
D	PORTER, GEORGE	15647 VILLAGE DR.	LAKE OSWEGO OR 97034
V	CONRAD, JOSEPH	10454 NW ZAD ST	PORTLAND OR 97231
V	PALMQUIST, STEVEN	18439 SW DEERBRUSH	LAKE OSWEGO OR 97035

8. Name and Address of Current Registered Agent

LEEPER, JAMES E
6220 SOUTH ORANGE BLOSSOM TRAIL
SUITE 100
ORLANDO FL 32809

9. Name and Address of New Registered Agent

Name: **Leeper, James E**
Street Address (P.O. Box Number is Not Acceptable): **7101 Presidents Dr**
Suite, Apt. #, Etc.: **Suite 100**
City: **Orlando** State: **FL** Zip Code: **32809**

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.

Signature of Registered Agent: *[Signature]* REGISTERED AGENT MUST SIGN Date: **12/1/98**

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No (See other side for information on intangible tax.)

12. 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: **JAMES A FITZHENRY** **REQUIRE** GENERAL COUNSEL 1/22/98 (503) 684-3731

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (9/98)