

# **2013 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P09000055277

**FILED**  
**Jan 02, 2013**  
**Secretary of State**

**Entity Name:** INFOCENCE INC.

**Current Principal Place of Business:**

600 N. PINE ISLAND ROAD  
SUITE 450  
FORT LAUDERDALE, FL 33324 US

**New Principal Place of Business:**

6919 W. BROWARD BLVD.  
SUITE 275  
PLANTATION, FL 33317 US

**Current Mailing Address:**

600 N. PINE ISLAND ROAD  
SUITE 450  
FORT LAUDERDALE, FL 33324 US

**New Mailing Address:**

6919 W. BROWARD BLVD.  
SUITE 275  
PLANTATION, FL 33317 US

**FEI Number:** 27-0467988

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NRAI SERVICES, INC.  
515 E. PARK AVENUE  
TALLAHASSEE, FL 32301 US

**Name and Address of New Registered Agent:**

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: NRAI SERVICES, INC.

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: WARREN, JAY A  
Address: 7370 NW 4TH STREET APT 208  
City-St-Zip: PLANTATION, FL 33317 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JAY A WARREN

PRES

01/02/2013

Electronic Signature of Signing Officer or Director

Date