

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

SECRETAR - 8 AM 11:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000037701

1. Corporation Name
INFENORP RETAIL SOLUTIONS INC

Principal Place of Business Mailing Address
445 5th AVENUE
MELBOURNE FL 32903

REINSTATEMENT 98-99
aw

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc		Suite, Apt. #, etc	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number 59-3244169 Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City, State, Zip, Country
CEO	MAC ANDERSON	1155 SHERWIN RD	MELBOURNE FLORIDA 32903
CEO	MARK ANDREWS-TOWINSEN	"	"
OFFICE DIRECTOR	DIANNE LOUIZOS	445 5th AVENUE	MELBOURNE FLORIDA 32903
CEO	WALTER BULLER	1155 SHERWIN RD	MELBOURNE FLORIDA 32903

8. Name and Address of Current Registered Agent
J.A. PUCHO-J
445-5th AVENUE
MELBOURNE FL 32903

9. Name and Address of New Registered Agent
Name: DIANNE LOUIZOS
Street Address (P.O. Box Number is Not Acceptable): 445 5th AVENUE
Suite, Apt. #, Etc:
City: MELBOURNE
State: FL Zip Code: 32903

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: Diane Louizos
Date: 1-7-99
REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No

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: [Signatures]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: Jan 25, 1999
Daytime Phone #: 201-694-5556

CRP/EOG 7-98