

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine J. Harbo
Secretary of State
DIVISION OF CORPORATIONS

FILED
00 NOV -3 PM 2:00
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P94000037701

1. Corporation Name
INFOCORP RETAIL SOLUTIONS INC.

Principal Place of Business 445 5TH AVE MELBOURNE FL 32903	Mailing Address 445 5TH AVE MELBOURNE FL 32903
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300003473013--2
-11/21/00--01085--007
****550.00 ****550.00

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 05/16/1994	
5. FEI Number 59-3244169	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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
CEO	ANDERSON, MAL	1155 SHERWIN RD	WINNIPEG, CANADA R3HOV1
COO	ANDREWS-TOWNSEND, MARK	1155 SHERWIN RD	WINNIPEG, CANADA R3HOV1
OD	LOUIZOS, DIANNE	445 5TH AVE	MELBOURNE FL 32903
CFO	BULLER, WALTER	1155 SHERWIN RD	WINNIPEG R3H OV1
V-P F	MARRIN, DOUGLAS	1155 SHERWIN RD	WINNIPEG, CANADA R3HOV1
	HINTON, TAMARA	445 5TH AVE, 2nd Floor	MELBOURNE, FL 32903

8. Name and Address of Current Registered Agent
**LOUIZOS, DIANNE
445 5TH AVE
MELBOURNE FL 32903**

9. Name and Address of New Registered Agent
Name **HINTON, TAMARA**
Street Address (P.O. Box Number is Not Acceptable)
445 5th Ave., 2nd Floor
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 *Tamra Hinton* **NATURAL SIGNATURE REQUIRED** Date 10-12-00
REGISTERED AGENT MUST SIGN

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.

KE
SIGNATURE: *Doug MARRIN* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** Date 10-12-00 Daytime Phone # 204-694-5550