FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
13 JUN 17 PM 5:43

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000002155

1. Corporation Name
Wincor Nixdorf Inc.

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
8505 Cross Park Dr.		8505 Cross Park Dr.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
#300		#300	
City & State		City & State	
Austin, TX		Austin, TX	
Zip	County	Zip	County
78754	USA	78754	USA

CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida
04/23/2001

5. FEI Number
74-2990654

Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED
yes

7. Name and Address of Current Registered Agent

Name
C T 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 617.0505, F.S.

Signature of Registered Agent: Jane Zachritz Jane Zachritz, Asst. Secretary Date: 06/17/2013
(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
Chair	Javier Lopez-Bartolom-Chairman of Board	8505 Cross Park Drive, #300	Austin, TX 78754
Pres	Eckard Heidloff, President	8505 Cross Park Drive, #300	Austin, TX 78754
CEO	Oliver Weber, CEO	8505 Cross Park Drive, #300	Austin, TX 78754
CFO	Gina Miller, CFO,Secretary, Treasurer	8505 Cross Park Drive, #300	Austin, TX 78754

REINSTATEMENT
2009-13

10. E-mail Address: hanru.shen@wincor-nixdorf.com jeremy.purje@wincor-nixdorf.com
(To be used for future annual report notification)

11. I certify that I am an officer or director of the reorder or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that with respect to 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., and that all fees owed by the corporation have been paid. I further certify that the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that any false information contained in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: Gina Miller 6-13-13 512-252-5672
(SIGNATURE REQUIRED) (TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) (DATE) (DAYTIME PHONE #)

FLR48 - 03/11/2013 Wolters Kluwer CCH

S. HAWKES
JUN 17 2013
EXAMINER

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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CORPORATION REINSTATEMENT
WINCOR NIXDORF INC.

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