

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

DOCUMENT # F94000001597 (3)

1. Corporation Name
VERIFONE FINANCE, INC.

98 DEC -3 PM 1:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**16100 S.W. 72nd Avenue
Portland, OR 97224**

Mailing Address
**4988 Great America Parkway
Santa Clara, CA 95054**

800002703458--8
-12/04/98--01078--010
*****750.00 ***750.00**

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		4. Date Incorporated or Qualified To Do Business in Florida	
		4988 Great America Pkwy		03/30/1994	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number	
				93-1004133	
City & State		City & State		Applied For	
		Santa Clara, CA		Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
95054		95054			

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	FOLEY, KEN	Oregon Bus. Park, 16100 SW 72nd Avenue Portland, OR	Portland, OR 97224
S	BARMEIER, WILLIAM	4988 Great America Pkwy Santa Clara, CA 95054	Santa Clara, CA 95054
AS	NEAL, JOLENE	OREGON BUS. PARK 16100 SW 72nd Ave Portland, OR	Portland, OR 97224
CFO	COLLIER, ROBERT	OREGON BUS. PARK 16100 SW 72nd Ave Portland, OR	Portland, OR 97224

REINSTATEMENT

98 B. 12/3/98

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 South Pine Island Road
Plantation FL 33324**

Name		
Street Address (P.O. Box Number is Not Acceptable)		
Suite, Apt. #, Etc.		
City	State	Zip Code
	FL	

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 **Naseem A. Conde** **NASEEM A. CONDE** 11.30.98
REGISTERED AGENT MUST SIGN SPECIAL ASST. SECRETARY

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: **William Barmier, Secretary** 11/23/98 408-919-5671
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (1/98)