

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F98000002580**

1. Corporation Name

INNOTRAC CORPORATION

Principal Place of Business

6655 SUGARLOAF PKWY
DULUTH GA 30097

Mailing Address

6655 SUGARLOAF PKWY
DULUTH GA 30097

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/06/1998

5. FEI Number

58-1592285

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DCEO	DORFMAN, SCOTT D	6655 SUGARLOAF PKWY	DULUTH GA 30097
DV	HANGER, LARRY C	6655 SUGARLOAF PKWY	DULUTH GA 30097
D	BLANK, MARTIN J	15 DUNWOODY PKWY. #100	ATLANTA GA 30338
D	SCOTT, WILLIAM H III	1239 O.G. SKINNER DR.	WEST POINT GA 31833
D DV	ELLIN, DAVID L	6655 SUGARLOAF PKWY	DULUTH GA 30097
D	BENATOR, BRUCE V	1040 CROWN POINTE PKWY., STE. 40	ATLANTA GA 30338

8. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

9. Name and Address of New Registered Agent

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

BRIAN COURTNEY, ASST. V.P.

REGISTERED AGENT MUST SIGN

Date

11-5-01

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/2/2001 678-584-4117

CR2E040 (8/01)

INNOTRAC CORPORATION

Additional Officers and/or Directors:

Angela W. DiPanfilo – Controller

6655 Sugarloaf Parkway
Duluth, GA 30097

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