

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. 192

CORPORATION  
REINSTATEMENTFLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

05 DEC -5 PM 9:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F98000002580

## 1. Corporation Name

Innotrac Corporation

## 2. Principal Office Address

6655 Sugarloaf Pkwy

## 3. Mailing Office Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

Duluth, GA

City &amp; State

Zip

30097

Country

U.S.

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

## 5. FEI Number

58-1592285

Applied For

Not Applicable

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

CR2E081 (8/05)

## 7. Name and Address of Current Registered Agent

Name

Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable)

1201 Hays Street

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

## 8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

Karen M. Dyer, Asst. Sec.

Date 11/16/05

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
Pres	Scott Dorfman	6655 Sugarloaf Pkwy	Duluth, GA 30097
Sec	Scott Dorfman	6655 Sugarloaf Pkwy	Duluth GA 30097
Treas.	Christine Herren	6655 Sugarloaf Pkwy	Duluth GA 30097
Dir.	Scott Dorfman	6655 Sugarloaf Pkwy	Duluth GA 30097

900061911689  
12/05/05--01052--016 \*\*\*300.00

10. 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

11/29/05  
Date678 584 4000  
Daytime Phone #



202

November 15, 2005

Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

Re: Innotrac Corporation Doc#F98000002580/Waiver of Reinstatement Fee Requested

To Whom It May Concern:

In response to the correspondence dated September 23<sup>rd</sup> we are filing for Corporation Reinstatement and would like to request that the fee of \$600 be waived. Documents regarding the annual reports were not received. However, we did receive the document dated September 23<sup>rd</sup> with a reinstatement form attached.

Please consider this waiver. If you have any questions please do not hesitate to call.

Thank you

Lisa Sizemore  
Accounting Manager  
Innotrac Corporation  
678-584-4211