

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 # N95000000139

1. Corporation Name

THE ASSOCIATION FOR RETAIL TECHNOLOGY STANDARDS  
, INC.

Principal Place of Business

Mailing Address

10110 TODAY WAY  
MIRAMAR FL 33025-3901

P.O. BOX 15066  
READING PA 19612-5066

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

REINSTATEMENT

98-99  
12/25/99

4. Date Incorporated or Qualified  
To Do Business in Florida

01/11/1995

5. FEI Number

23-2726688

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)

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
CD	MADER, RICHARD	P.O. BOX 15066 N/A	READING PA 19612
SD	DUECHIT, JUDY	ONE MICROSOFT WAY	REDMOND WA 98052-6399
TD	GUY, JOE	2651 SATELLITE BLVD.	DULUTH GA 30136
D	BRAME, KEN	P.O. BOX 24600	NASHVILLE, TN 37202-4600
			8000002761829-- 8 -02/02/99--01058--001 ****236.25 ****236.25

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SOUTH FLORIDA REGISTERED AGENTS INC.  
200 E. LAS OLAS BLVD. STE. 1900  
FORT LAUDERDALE FL 33301

Name

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

Suite, Apt. #, Etc.

City

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\*\*\*\*61.25 \*\*\*\*61.25

FL

State Zip Code

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.

SOUTH FLORIDA REGISTERED AGENTS, INC.

Signature of  
Registered Agent

BY Beverly T. Bay

REGISTERED AGENT MUST SIGN

Date 1-20-99

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:

RICHARD MADER, DIRECTOR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12/7/98

610-929-7321

CR2E040 (9/98)