

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 20 AM 9:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000051819

1. Corporation Name

RETAIL TECHNOLOGY SOLUTIONS, INC.

Principal Place of Business

Mailing Address

5209 NW 74 AVENUE
215-A
MIAMI FL 33166

5209 NW 74 AVENUE
215-A
MIAMI FL 33166

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

4. Date Incorporated or Qualified
To Do Business in Florida

05/24/2001

5. FEI Number

65-1109891

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	4 City / State / Zip
PD	BARRIAL, JOSSUE	5209 NW 74 AVENUE	MIAMI FL
VD	HUEZO, ANGEL	5209 NW 74 AVENUE	MIAMI FL

600023956916
10/20/03--01057--013 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ZAJAZ, ALEJANDRO
3750 W FLAGLER STREET
MIAMI FL 33134

Name

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

Suite, Apt. #, Etc.

City

State
FL

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. or 617.0505, F.S.

Signature of
Registered Agent

Date

10/17/03

REGISTERED AGENT MUST SIGN

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 #

10/17/03

CR2E040 (7/03)



Retail Technology Solutions, Inc.
5209 NW 74th Avenue, Suite 215
Miami, FL 33166
(305) 994 7756, (305) 463 0772 fax

Florida Department of State
Glenda Hood
Secretary of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314-6327

October 17, 2003

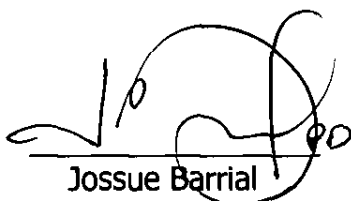
Dear Madam,

We have received the troubling news that our company has been administratively dissolved for failure to file its 2003 uniform business report.

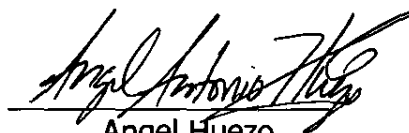
From time to time we have had trouble receiving our correspondence and we must inform you that this company did not receive the two prior UBR notices that your office indicates were sent. For this reason we respectfully request that you accept our Application for Reinstatement and waive the penalty.

We apologize for the inconvenience and appreciate the chance to continue doing business in the State of Florida.

Sincerely,



Jossue Barrial
President



Angel Huevo
Vice-President