

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10/2

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

04 FEB 24 PM 3:11

DOCUMENT # P02000015801

1. Corporation Name

INFODEPOT, INC.

2. Principal Office Address

715 RAILROAD AVE.

Suite, Apt. #, etc.

City & State

TALLAHASSEE, FLORIDA

Zip 32310

Country

USA

3. Mailing Office Address

P.O. BOX 2191

Suite, Apt. #, etc.

City & State

TALLAHASSEE, FL.

Zip

32316-2191

Country

USA

**REINSTATEMENT**

03.04

4. Date Incorporated or Qualified  
To Do Business in Florida

2/12/02

5. FEI Number

NONE

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

WARREN RAUFA BUTLER

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

505 MOUNTAIN DRIVE

Suite, Apt. #, Etc.

SUITE N

City

DESTIN

State

FL

Zip Code

32541

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

*W Butler*

REGISTERED AGENT MUST SIGN

Date

2/23/04

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres.	WARREN R. BUTLER	505 MOUNTAIN DR. SUITE N.	DESTIN, FL. 32541

300036536873  
03/17/04--01016--015 \*\*308.75

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:

*W Butler*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/23/04 880-544-0923

Daytime Phone #

CP25081 (01/04)

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Date 4/24/04

I Warren Butler, hereby notify the  
Division of corporations, that Inro Depot  
Didn't receive the Uniform Business  
Report for the year 2003.

Respectfully

Warren Butler, Inro Depot