

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 NOV 14 AM 9:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000130959

1. Corporation Name

RETAILOGICS HOLDING CORP.

Principal Place of Business

13450 SW 126 ST SUITE 9  
MIAMI FL 33186

Mailing Address

13450 SW 126 ST SUITE 9  
MIAMI FL 33186

REINSTATEMENT 03



500024715275

11/14/03--01074--021 \*\*158.75

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

2. New Principal Office Address, If Applicable

13213 Sw 131st Street

Suite, Apt. #, etc.

NA

City & State MIAMI, FL

Zip 33186 Country USA

3. New Mailing Office Address, If Applicable

13213 Sw 131st Street

Suite, Apt. #, etc.

NA

City & State MIAMI, FL

Zip 33186 Country USA

4. Date Incorporated or Qualified  
To Do Business in Florida

12/12/2002

5. FEI Number

82 0577 122

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
D	JONES, WADE	13450 SW 126 ST SUITE 9	MIAMI FL 33186
D	OZTURAN, ISMAIL K	13450 SW 126 ST SUITE 9	MIAMI FL 33186
D	THORP, CHRISTOPHER	13450 SW 126 ST SUITE 9	MIAMI FL 33186

8. Name and Address of Current Registered Agent

JONES, WADE D  
13450 SW 126 ST SUITE 9  
MIAMI FL 33186

9. Name and Address of New Registered Agent

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

10/29/03

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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

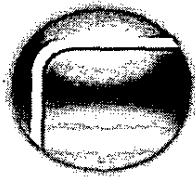
Date

10/29/03

Daytime Phone #

305 257 7151

CR2040 (7/03)



# Retailogics

Holding Corporation

11/03/2003

To the attention of Florida Department of State,

Retailogics Holding Corporation, (FEI # 8205777122) have not received any copies of Uniform Business Report (UBR). We have recently received a Notice of Administrative Dissolution or Revocation at our old address. This document has been forwarded to us by the tenants of the property.

As Retailogics Holding Corp we have attached the Application of Reinstatement and the payment for the applicable fees for the Reinstatement and UBR.

We kindly request our application for reinstatement to be accepted and the reinstatement fee to be waived.

Best Regards

Ismail K. Ozturan