

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.

REINSTATEMENT 03

Principal Place of Business

13450 SW 126 ST SUITE 9
 MIAMI FL 33186

Mailing Address

13450 SW 126 ST SUITE 9
 MIAMI FL 33186



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

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

12/12/2002

13213 Sw 131st Street

13213 Sw 131st Street

Suite, Apt. #, etc. **NA**

Suite, Apt. #, etc. **NA**

City & State **MIAMI, FL**

City & State **MIAMI, FL**

5. FEI Number

82 0577 122

Applied For

Not Applicable

Zip **33186** Country **USA**

Zip **33186** Country **USA**

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

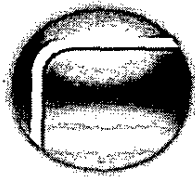
Date

10/29/03

Daytime Phone #

305 257 7151

CR20040 (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