

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 DEC 20 PM 2:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P07035

1. Corporation Name

INVENTORY LOCATOR SERVICE, INC.

Principal Place of Business

3905 MENDENHALL RD.
MEMPHIS TN 38115
US

Mailing Address

~~P.O. Box 7139~~ P.O. Box 549015
~~DALLAS TX 75208-0139~~ Dallas, TX 75234
US 75354-9015



REINSTATEMENT 2000

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

08/08/1985

5. FEI Number

62-1065847

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)

Title(s)
1

Name of Officers
and/or Directors
2

Street Address of Each
Officer and/or Director
3

4

P

LANGSEN, BRUCE

3845 VISCOUNTM, SUITE 3

MEMPHIS TN 38118

EVP

~~ANDERSON, ERIC~~ Fulchino, Paul

2055 DIPLOMAT DRIVE

DALLAS TX 75234

SVPS

MURPHY, JEFFREY J

2055 DIPLOMAT DR.

DALLAS TX

VPC

COLLIER, JACQUELINE K

2055 DIPLOMAT DR.

DALLAS TX 75234

T

VAN DEN HANDEL, CORNELIUS

2055 DIPLOMAT DR

DALLAS TX 75234

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CT-CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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.

Signature of
Registered Agent

Vivianne Jones

REQUIRE

Vivianne Jones
Special Assistant Secretary

Date

12-7-2000

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

11/02/00

Date

(972) 406-2249

Daytime Phone #

CR2E040 (8/00)