

APPROVED  
AND  
FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

02 JUN 18 PM 1:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>CORPORATION REINSTATEMENT</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Hams</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT #</b> <u>P31443</u>			
1. Corporation Name Hypercom Latino America, Inc.			
2. Principal Office Address 8880 NW 20th St.		3. Mailing Office Address 2851 W. Kathleen Road	
Suite, Apt #, etc, L		Suite, Apt. #, etc.	
City & State Miami, Florida		City & State Phoenix, Arizona	
Zip 33172-2636	Country USA	Zip 85053	Country USA

**REINSTATEMENT** 2006-2002

4. Date Incorporated or Qualified To Do Business in Florida September 25, 1990

5. FEI Number 93-102773

6. ☒ CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name  
CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)  
1200 S. Pine Island Road

Suite, Apt. #, Etc.

City  
Plantation

State  
FL

Zip Code  
33324

8. I, being appointed the registered agent of the abode named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, VS.

Signature of Registered Agent By: Candice L. Mallernee Date June 17, 2002

REGISTERED AGENT MUST SIGN Candice L. Mallernee, Asst. Secy.

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
C/D	Christopher S. Alexander	2851 W. Kathleen Dr.	Phoenix AZ 85053
P	German Cardenas	2851 W. Kathleen Dr.	Phoenix AZ 85053
EVP/D	John W. Smolak	2851 W. Kathleen Dr.	Phoenix AZ 85053
VP	Guilherme Blumenthal	2851 W. Kathleen Dr.	Phoenix AZ 85053
S	Douglas J. Reich	2851 W. Kathleen Dr.	Phoenix AZ 85053
T	Scott Tsujita	2851 W. Kathleen Dr.	Phoenix AZ 85053

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 61 T, 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:** Douglas J. Reich June 13, 2002 602-504-5055

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

**CT CORPORATION**

CORPORATION(S) NAME

Hyperom Latino America, Inc.

<input type="checkbox"/> Profit	<input type="checkbox"/> Amendment	<input type="checkbox"/> Merger
<input type="checkbox"/> Nonprofit		
<input type="checkbox"/> Foreign	<input type="checkbox"/> Dissolution/Withdrawal	<input type="checkbox"/> Mark
	<input checked="" type="checkbox"/> Reinstatement	
<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Annual Report	<input type="checkbox"/> Other
<input type="checkbox"/> LLC	<input type="checkbox"/> Name Registration	<input type="checkbox"/> Change of RA
	<input type="checkbox"/> Fictitious Name	<input type="checkbox"/> UCC
<input type="checkbox"/> Certified Copy	<input type="checkbox"/> Photocopies	<input checked="" type="checkbox"/> EUS
<input type="checkbox"/> Call When Ready	<input type="checkbox"/> Call If Problem	<input type="checkbox"/> After 4:30
<input checked="" type="checkbox"/> Walk In	<input type="checkbox"/> Will Wait	<input checked="" type="checkbox"/> Pick Up
<input type="checkbox"/> Mail Out		

RECEIVED  
02 JUN 18 PM 12:20  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

Name \_\_\_\_\_  
Availability \_\_\_\_\_  
Document \_\_\_\_\_  
Examiner \_\_\_\_\_  
Updater \_\_\_\_\_  
Verifier \_\_\_\_\_  
W.P. Verifier \_\_\_\_\_

6/18/02

Order#: 5424487

Ref#: \_\_\_\_\_

Amount: \$ \_\_\_\_\_

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Tallahassee, FL 32301  
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Fax 850 222 7615