

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION  
REINSTATEMENT



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

FILED

02 MAR 27 PM 12:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT# P3000019663

1. Corporation Name

INFOXCHANGE, INC.

2. Principal Office Address

5295 Town Center Road

Suite, Apt. #, etc.

Suite 101

City & State

Boca Raton

Zip

Country

33486

USA

3. Mailing Office Address

23078 L'ermitage Circle

Suite, Apt. #, etc.

City & State

Boca Raton

Zip

Country

33433

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

03/16/1993

5. FEI Number

65-0461938

Applied For

Not Applicable

S.

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 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

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

*Salvina Amador-Gray*  
REGISTERED AGENT MUST SIGN

Date

3/13/2002

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

| Titles | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip     |
|--------|--------------------------------------|---|------------------------|
| P/D    | Todd Stanwood                        | 4 Illsley Hill Road                               | West Newbury, MA 01985 |
| VP/D   | Scott Stanwood                       | 4 Illsley Hill Road                               | West Newbury, MA 01985 |
| S/D    | Louis DeCaprio                       | 4 Illsley Hill Road                               | West Newbury, MA 01985 |
|        |                                      |   |                        |
|        |                                      |   |                        |
|        |                                      |   |                        |

REINSTATEMENT 96-00

4/2/02 T. Lewis

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Louis DeCaprio, Secretary

Date

2/22/02 6033343633

Daytime Phone #

CR2E081 (9/01)