

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # P94000037701

1. Corporation Name

INFOCORP RETAIL SOLUTIONS INC.

Principal Place of Business

445 5TH AVE  
MELBOURNE FL 32903

Mailing Address

445 5TH AVE  
MELBOURNE FL 32903

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

05/16/1994

5. FEI Number

59-3244169

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
CEO	ANDERSON, MAL	1155 SHERWIN RD	WINNIPEG, CANADA R3H0V1
<del>COO</del>	<del>ANDREWS-TOWNSEND, MARK</del>	<del>1155 SHERWIN RD</del>	<del>WINNIPEG, CANADA R3H0V1</del>
<del>OD</del>	<del>LOUIZOS, DIANNE</del>	<del>445 5TH AVE</del>	<del>MELBOURNE FL 32903</del>
<del>CFO</del>	<del>BULLER, WALTER</del>	<del>1155 SHERWIN RD</del>	<del>WINNIPEG R3H 0V1</del>
V-P F	MARRIN, DOUGLAS	1155 SHERWIN RD	WINNIPEG, CANADA R3H0V1
	<del>HINTON, TAMRA</del>	<del>445 5TH AVE, 2nd Floor</del>	<del>MELBOURNE, FL 32903</del>

8. Name and Address of Current Registered Agent

LOUIZOS, DIANNE  
445 5TH AVE  
MELBOURNE FL 32903

9. Name and Address of New Registered Agent

Name HINTON, TAMRA  
Street Address (P.O. Box Number is Not Acceptable)  
445 5th Ave., 2nd Floor  
Suite, Apt. #, Etc.  
City Melbourne, State FL Zip Code 32903

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

*Tamra Hinton*  
REGISTERED AGENT MUST SIGN

Date 10-12-00

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:

*Doug Marrin*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-12-00

Daytime Phone #

204-694-5550

KE