

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 MAY 13 PM 1:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F04000007227

1. Corporation Name

AMEX Card Services Company

2. Principal Office Address - No P.O. Box #

4315 S. 2700 West

Suite, Apt. #, etc.

City & State

Salt Lake City, UT

Zip
84184

Country

USA

3. Mailing Office Address

200 Vesey St.

Suite, Apt. #, etc.

Tax Dept.

City & State

NY, NY

Zip

10285

Country

USA

[Handwritten initials]

300129193843

05/13/08--01010--005 **600.00

REINSTATEMENT 05-08

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number

20-0326283

Applied For

Not Applicable

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 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

[Handwritten Signature]

**Hillary England
Assistant Secretary**

REGISTERED AGENT MUST SIGN

Date

5/1/08

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
P/D	James P. Bush	200 Vesey St.	NY, NY 10285
T/S/D	Michelle Gethers - Clark	200 Vesey St.	NY, NY 10285
Asst. Sec.	John J. Nowak	200 Vesey St.	NY, NY 10285
D	Leslie C. Motter	200 Vesey St.	NY, NY 10285

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 contained in Chapter 119, 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

John J. Nowak

4/25/08

212-640-2545

Date

Daytime Phone #