

2008 FOR PROFIT CORPORATION REINSTATEMENT

**FILED
Oct 02, 2008
Secretary of State**

DOCUMENT# F07000001098

Entity Name: CVT PREPAID SOLUTIONS, INC.

Current Principal Place of Business:

40 CUTTER MILL ROAD
STE 500
GREAT NECK, NY 11021

New Principal Place of Business:

Current Mailing Address:

40 CUTTER MILL ROAD
STE 500
GREAT NECK, NY 11021

New Mailing Address:

40 CUTTER MILL ROAD
STE 500
GREAT NECK, NY 11021 US

FEI Number: 20-2719821

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEWITT, RICHARD
2000 PONCE DE LEON BLVD.
SIXTH FLOOR
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: RICHARD DEWITT

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ACEVEDO, MICHAEL
Address: 40 CUTTER MILL ROAD STE. 500
City-St-Zip: GREAT NECK, NY 11021

Title: STD () Delete
Name: NEITHARDT, DAVID
Address: 40 CUTTER MILL ROAD STE. 500
City-St-Zip: GREAT NECK, NY 11021

Title: T () Delete
Name: CARONE, LEONARD
Address: 40 CUTTER MILL ROAD STE. 500
City-St-Zip: GREAT NECK, NY 11021

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LEONARD CARONE

T

10/02/2008

Electronic Signature of Signing Officer or Director

Date