

# 2011 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED  
Aug 21, 2011  
Secretary of State

DOCUMENT# L04000071189

Entity Name: ANYCARD PLUS, LLC

**Current Principal Place of Business:**

7512 DR. PHILLIPS BLVD., STE. 50-316  
ORLANDO, FL 32819 US

**New Principal Place of Business:**

**Current Mailing Address:**

7512 DR. PHILLIPS BLVD., STE. 50-316  
ORLANDO, FL 32819 US

**New Mailing Address:**

FEI Number: 20-1684846

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KAI, CONNIE  
7512 DR. PHILLIPS BLVD., STE. 50-316  
ORLANDO, FL 32819 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: CONNIE KAI

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: CHENG, FRANK  
Address: 7512 DR. PHILLIPS BLVD., STE. 50-316  
City-St-Zip: ORLANDO, FL 32819 US

Title: MGR  
Name: KAI, CONNIE  
Address: 7512 DR. PHILLIPS BLVD., STE. 50-316  
City-St-Zip: ORLANDO, FL 32819 US

Title: MGR  
Name: YU-CHENG CHENG, KEVIN  
Address: 7512 DR. PHILLIPS BLVD., STE. 50-316  
City-St-Zip: ORLANDO, FL 32819 US

Title: MGR  
Name: CHENG, WEN VICKI  
Address: 7512 DR. PHILLIPS BLVD., STE. 50-316  
City-St-Zip: ORLANDO, FL 32819 US

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: CONNIE KAI

MGR

08/21/2011

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date