PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2007 OCT -2 AM 11:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000012242

1. Corporation Name

MEGACARD, INC.

100110181491
10/02/07--01035--021 **150.00

REINSTATEMENT 07
CR2E081 (1/07)

2. Principal Office Address - No P.O. Box #	**3.** Mailing Office Address
12000 N. DALE MABRY	12000 N. DALE MABRY
Suite, Apt. #, etc.: #110	Suite, Apt. #, etc.: #110
City & State: TAMPA, FLORIDA	City & State: TAMPA, FLORIDA
Zip: 33618 Country: USA	Zip: 33618 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 1/24/2005

5. FEI Number: ☑ 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: THE LAW OFFICES OF NICK SPRADLIN, PLLC

Street Address (P.O. Box Number is Not Acceptable): 12000 NORTH DALE MABRY HIGHWAY

Suite, Apt. #, Etc.: #110

City: TAMPA State: FL Zip Code: 33618

☑ 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: Nick Spradlin Esq CEO Date: 9/24/2007
REGISTERED AGENT MUST SIGN

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	TIM VESTOR	12000 N. DALE MABRY HIGHWAY, #110	TAMPA, FL 33618
VP, D	MATHIAS ORTMANN	12000 N. DALE MABRY HIGHWAY, #110	TAMPA, FL 33618
S,T,D,	SVEN ECHTERNACH	12000 N. DALE MABRY HIGHWAY, #110	TAMPA, FL 33618
S.	MARIANELLA SPRADLIN	12000 N. DALE MABRY HIGHWAY #110	TAMPA, FL 33618

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: 09/24/07 813-802 1942
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

10/5 ew