PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION	
REINSTATEMENT	-



FLORIDA DEPARTMENT OF STATE Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 595611

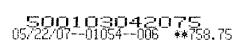
1. Corporation Name

Merchant's Services, Inc.

2625 NE 27th St.		2625 NE 27th St.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Lighthouse Point, FL		City & State Lighthouse Point, FL			
33064	Country USA	33064	Country		
7. Name and Address of Current Registered Agent					

FILED 07 MAY 2Z AN 8:59

SECRETARY WE STATE TALLAHASSEE, FLORIDA



Date Incorporated or Qualified To Do Business in Fforida	11/29/1978		
591872274			Applied For
1091012214			Not Applicable

6. CERTIFICATE OF STATUS DESIRED ✓

\$8.75 Additional Fee required for a Certificate of Status

Edward Shepard

Since Address (P.O. Box Number is Not Acceptable) 2625 NE 27th St.

Suite, Apt. #, Etc.

Lighthouse Point

State

33064

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 MUST SIGN

_{Date} 5/14/07

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			
Pres.	Edward Shepard	2625 NE 27th St.	Lighthouse Point, FL 33064			
V.P.	Barbara Shepard	2625 NE 27th St.	Lighthouse Point, FL 33064			
Sec.	Barbara Shepard	2625 NE 27th St.	Lighthouse Point, FL 33064			
Tr.	Barbara Shepard	2625 NE 27th St.	Lighthouse Point, FL 33064			
Dir.	Barbara Shepard	2625 NE 27th St.	Lighthouse Point, FL 33064			
Dir.	Edward Shepard	2625 NE 27th St.	Lighthouse Point, FL 33064			

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 filling 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 ag 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

Edward Shepard

5/14/07

954-781-2133

Daytime Phone #