

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 JAN -4 PH 12: 17

DOCUMENT # 686322

1. Corporation Name

Compupay, Inc.

300164144733
01/04/10--01/04/10--015 **750.00

REINSTATEMENT 2009

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

3450 LAKESIDE DRIVE

Suite, Apt. #, etc.

400

City & State

MIRAMAR, FL

Zip

33027

Country

USA

3. Mailing Office Address

3450 LAKESIDE DRIVE

Suite, Apt. #, etc.

400

City & State

MIRAMAR, FL

Zip

33027

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

09.03.1980

5. FEI Number

592022495

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

Street Address (P.O. Box Number is Not Acceptable)

1200 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

Madonna Cuddihy

Madonna Cuddihy

Special Assistant Secretary

Date

12/29/09

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRES.	<u>Charles Lathrop</u>	<u>3450 LAKESIDE DRIVE, 400</u>	<u>MIRAMAR, FL 33027</u>
CFO	<u>Carl DREW</u>	<u>3450 LAKESIDE DRIVE, 400</u>	<u>MIRAMAR, FL 33027</u>
EVP	<u>THOMAS HEINZMANN</u>	<u>3450 LAKESIDE DRIVE, 400</u>	<u>MIRAMAR, FL 33027</u>

10. E-mail Address: MIRIAMLINARES@COMPUPAY.COM

(To be used for future annual report notification)

11. 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. I further certify, 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: CSO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/29/09

Daytime Phone #