

APPLICATION FOR
REINSTATEMENT
FOR
LIMITED PARTNERSHIP

FLORIDA DEPARTMENT OF STATE

Andra S. North
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 JUL -1 PM 4:41

DOCUMENT #

1. Name of Limited Partnership

QuestPoint Remittance Services, L.P.

2. Mailing Address

1339 Chestnut Street

Suite, Apt. #, etc.

PC: 1-8-15-1

City & State

Phila. PA

Zip

19107

Country

Phila

3. Principal Office Address

401 Market Street

Suite, Apt. #, etc.

P.O. Box 7618

City & State

Phila. PA

Zip

19101-7618

Country

Phila

4. Date Formed or Registered
To Do Business in Florida

12/22/94

5. FEI Number

23-2796382

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. State or Country of Formation

Delaware

8a. Capital Contributions as Shown
on Record

~~\$7,727.00~~
\$954,524.05

8b. Amount of Capital Contributions in
FLORIDA

~~\$7,727.00~~
\$954,524.05

FEES: 1.)

Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 8b, with a minimum filing fee of \$52.50 and a maximum of \$437.50, for each year due this office.

2.) Supplemental Fee(s): \$103.75 for each year due this office, beginning with 1992 calendar year.

3.) Penalty Fee(s): \$500 penalty fee for each year report form is delinquent.

Note: If the amount entered in 8b is greater than amount entered in 8a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.

9. Name and Address of Current Registered Agent

CT Corp, System

1200 South Pine Island Road

Plantation, FL 33324

10. If changed, new registered agent/office

Name

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

Suite, Apt. #, etc.

City

300002235963--9

-07/11/97--01070--004

****656.25 FL ****656.25

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

300002235963--9

-07/11/97--01070--005

****985.00 -****385.00

SIGNATURE (Registered Agent Accepting Appointment)

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Names of General Partner(s)

Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

City, State and Zip Code

11a. Registration
Document Number

QuestPoint, L.P.

401 Market Street
P.O. Box 7618

Phila. PA
19101-7618

B96000000138

REINSTATEMENT

1997

PR

REINSTATEMENT

1997

PR

PENALTY 500.00
AR 437.50
SUPR 103.75

\$1,041.25

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

DATE

Typed or Printed Name of General Partner Signing Form

Joseph M. Langley - President

Telephone Number

609-869-6901

CR2E039 (1/97)