

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State-

DIVISION OF CORPORATIONS

DOCUMENT # F00000003428

1. Corporation Name

LINK2GOV CORP.

Principal Place of Business

ONE BURTON HILLS BLVD., SUITE 300
NASHVILLE TN 37215

Mailing Address

ONE BURTON HILLS BLVD., SUITE 300
NASHVILLE TN 37215

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip Country

FILED

02 NOV -1 PM 5: 15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



4. Date Incorporated or Qualified
To Do Business in Florida

06/16/2000

5. FEI Number

62-1803695
62-1803695

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75. Additional Fee required
for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	MCCHESENEY, MICHAEL	3390 PEACHTREE ROAD, STE 600	ATLANTA GA 30326
CTO	TARVER, THOMAS	ONE BURTON HILLS BLVD, STE 300	NASHVILLE TN 37215
D	MCDONALD, MARK	ONE BURTON HILLS BLVD., SUITE 30	NASHVILLE TN 37215

8000008759658
11/01/02--01070--007 **750.00

REINSTATEMENT

02

8. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

CR2E040 (8/02)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

11-18-02

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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-29-02

Daytime Phone #