

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 OCT -9 AM 11:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

MULTINATIONAL AUTOMATED CLEARINGHOUSE AMERICAS, INC.
F00000005704

2. Principal Office Address

2770 VALENCIA GROVE DR.

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

VALRICO, FL

City & State

Zip **33594**

Country **U.S.A.**

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/15/00

5. FEI Number
133882392

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

GEORGE A. ESPINOLA

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

2770 VALENCIA GROVE DR.

Suite, Apt. #, Etc.

City

VALRICO

State
FL

Zip Code

33594

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

REGISTERED AGENT MUST SIGN

Date **09/03/2003**

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	JUERGEN APPEL	2 RUE EDMOND REUTER	CONTER L5326 LUXEMBOURG
M	JAOID AZZOUZI	2 RUE EDMOND REUTER	CONTER L5326 LUXEMBOURG
LC	ENVER SCHROEMBGENS	2 RUE EDMOND REUTER	CONTER L5326 LUXEMBOURG

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Sept. 19, 2003

CR2E081 (10/02)

91019

MACH

September 22, 2003

Department of State
Division of Corporations
409 East Gaines St.
Tallahassee, FL 32399

RE: Multinational Automated Clearing House Americas, Inc
Document Number : F00000005704

Dear Sir/Madam:

Please note that Multinational Automated Clearing House Americas, Inc. ("MACH Americas, Inc.") did not receive the Annual Report due to change in address. As such, we respectfully request waiver of the \$600 reinstatement fee application be granted to MACH Americas, Inc. Enclosed is the reinstatement application along with a check in the amount of \$450 to cover the annual fees for years 2001 through 2003.

Yours sincerely,



George Espinola