

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

FILED

03 OCT 21 AM 9:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F02000001540

1. Corporation Name

AMERICAN CREDIT CARD PROCESSING CORP.

Principal Place of Business

Mailing Address

113-C NEW YORK AVENUE
HUNTINGTON NY 11743

113-C NEW YORK AVENUE
HUNTINGTON NY 11743

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

03/28/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

11-3394703

Applied For

City & State

City & State

Not Applicable

Zip

Country

Zip

Country

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
PD	MURRAY, MICHAEL H	113-C NEW YORK AVENUE	HUNTINGTON NY 11743
SD	OSER, AUDREE	113-C NEW YORK AVENUE	HUNTINGTON NY 11743
D	AROYO, MIRIAM	113-C NEW YORK AVENUE	HUNTINGTON NY 11743

800023965318
10/21/03--01043--004 **750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ZYDOR, KEN
7621 LITTLE ROAD, SUITE D-150
NEW PORT RICHEY FL 34654

Name Thomas Paulist
Street Address (P.O. Box Number is Not Acceptable)
300 S. Orange Ave
Suite, Apt. #, Etc.
1120
City Orlando

State FL Zip Code 32801

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

Thomas Paulist

REGISTERED AGENT MUST SIGN

Date 10/17/03

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

631385-7390

CR2E040 (7/03)