
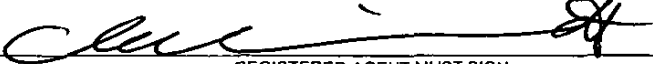
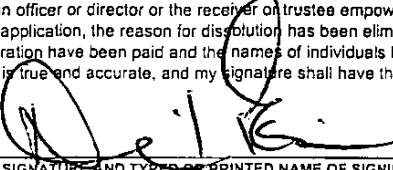


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<div style="display: flex; align-items: center; justify-content: space-between;"><div style="text-align: center;"><p>CORPORATION REINSTATEMENT</p></div><div style="text-align: center;"><p>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</p></div></div>		<p>FILED</p> <p>06 MAR -6 PM 1:19</p> <p>SECRETARY OF STATE TALLAHASSEE, FLORIDA</p> <p>500068109935 03/20/06--01024--024 **1058, 75</p> <p>REINSTATEMENT 04-06</p>																												
<p>DOCUMENT # F02000004589</p>																														
<p>1. Corporation Name American Card Services, Inc</p>																														
<p>2. Principal Office Address 7658 Municipal DR Suite, Apt. #, etc. City & State Orlando FL Zip 32819 Country Orange</p>		<p>3. Mailing Office Address Same Suite, Apt. #, etc. City & State Zip Country</p>																												
<p>4. Date Incorporated or Qualified To Do Business in Florida 8/21/2002</p>		<p>5. FEI Number 76-0709463 Applied For Not Applicable</p>																												
<p>6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status</p>																														
<p>7. Name and Address of Current Registered Agent</p> <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td colspan="2">Name CHARLES GIANNETTO</td></tr><tr><td colspan="2">Street Address (P.O. Box Number is Not Acceptable) 8815 CONROY WINDERMERE RD.</td></tr><tr><td colspan="2">Suite, Apt. #, Etc. 104</td></tr><tr><td>City ORLANDO</td><td>State FL</td></tr><tr><td colspan="2">Zip Code 32835</td></tr></table>			Name CHARLES GIANNETTO		Street Address (P.O. Box Number is Not Acceptable) 8815 CONROY WINDERMERE RD.		Suite, Apt. #, Etc. 104		City ORLANDO	State FL	Zip Code 32835																			
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<p>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.</p> <p>Signature of Registered Agent  Date Feb 7 5 06</p> <p style="text-align: center;">REGISTERED AGENT MUST SIGN</p>																														
<p>9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</p> <table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th>Titles</th><th>Name of Officers and/or Directors</th><th>Street Address of Each Officer and/or Director</th><th>City / State / Zip</th></tr></thead><tbody><tr><td>Director</td><td>DAVID EISON</td><td>7658 Municipal DR</td><td>Orlando FL 32819</td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></tbody></table>			Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip	Director	DAVID EISON	7658 Municipal DR	Orlando FL 32819																				
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<p>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 contained in Chapter 119, 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.</p> <p>SIGNATURE:  VP Operations 2/15/06 407370 4300</p> <p style="text-align: center;">SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</p> <p style="text-align: right;">Date Daytime Phone #</p>																														

K. Eckel MAR 08 2006