


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F02000004589			
1. Corporation Name American Card Services, Inc REINSTATEMENT 2003			
2. Principal Office Address 7658 Municipal Drive Suite, Apt. #, etc.		3. Mailing Office Address 7658 Municipal Drive Suite, Apt. #, etc.	
City & State Orlando, FL		City & State Orlando, FL	
Zip 32819	Country USA	Zip 32819	Country USA

FILED
03 OCT -6 AM 10:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4. Date Incorporated or Qualified To Do Business in Florida 9.6.2002	
5. FEI Number 760709463	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name David Eison	
Street Address (P.O. Box Number is Not Acceptable) 5027 Brightmour Circle	
Suite, Apt. #, Etc.	
City Orlando	State FL
Zip Code 32837	

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**

[Signature]

REGISTERED AGENT MUST SIGN

Date Oct 1, 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
CEO	WALTER Roder II	14376 Colonial Grand Blvd	Orlando, FL 32837
Operation EVP	David Eison	5027 Brightmour Circle	Orlando, FL 32837
Marketing EVP	Rolando Ramos	10425 Emerald Woods Ave	Orlando, FL 32836

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-26-03

Date

Daytime Phone #

CR2E081 (10/02)