

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 AUG -7 PM 12:37

DOCUMENT #

1. Corporation Name

NetSpend Corporation
F03000000395

300159369713
08/07/09--01014--021 **8.75

300159369713
08/07/09--01014--020 **1050.00
CR2E081 (12/08)

2. Principal Office Address - No P.O. Box #

701 Brazos St.

Suite, Apt. #, etc

Suite 1200

City & State

Austin, TX

Zip

78701

Country

USA

3. Mailing Office Address

701 Brazos St.

Suite, Apt. #, etc

Suite 1200

City & State

Austin, TX

Zip

78701

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

1/24/2003

5. FEI Number

74-2907514

☐ 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

CT Corporation System

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

1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

☐ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

E.A. Wallace

E.A. Wallace

Date

8/6/09

REGISTERED AGENT

Assistant Secretary

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 & Director	Daniel R. Henry	701 Brazos St., Ste. 1200	Austin, TX 78701
GC & Director	Christopher T. Brown	701 Brazos St., Ste. 1200	Austin, TX 78701
COO	Frank J. Cotroneo	701 Brazos St., Ste. 1200	Austin, TX 78701

REINSTATEMENT 07-09 KS

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.

SIGNATURE:

Christopher T. Brown

Christopher T. Brown

7/30/09

512/531.8662

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #