

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 MAY 13 PM 1:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F04000007227

1. Corporation Name

AMEX Card Services Company

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

4315 S. 2700 West

Suite, Apt. #, etc.

City & State

Salt Lake City, UT

Zip

84184

Country

USA

3. Mailing Office Address

200 Vesey St.

Suite, Apt. #, etc.

Tax Dept.

City & State

NY, NY

Zip

10285

Country

USA

300129193843

05/13/08--01010--005 **600.00

REINSTATEMENT 05-08

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

20-0326283

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

Hillary England

Hillary England
Assistant Secretary

Date

5/1/08

REGISTERED AGENT MUST SIGN

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/D	James P. Bush	200 Vesey St.	NY, NY 10285
T/S/D	Michelle Gethers - Clark	200 Vesey St.	NY, NY 10285
Asst. Sec.	John J. Nowak	200 Vesey St.	NY, NY 10285
D	Leslie C. Motter	200 Vesey St.	NY, NY 10285

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John J. Nowak

Asst. Secretary

Date

4/25/08

Daytime Phone #

212-640-2545