

# **2014 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# F05000004071

**FILED**  
**Oct 01, 2014**  
**Secretary of State**

**Entity Name:** INTER PAYMENT SYSTEMS, INC.

**Current Principal Place of Business:**

5190 NEIL ROAD , SUITE 430  
RENO, NV 89502

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1591  
DEERFIELD BEACH, FL 33443

**New Mailing Address:**

**FEI Number:** 88-0511660

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

BENDER, M.  
5850 NW 42 TERRACE  
BOCA RATON, FL 33496 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: M BENDER

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PSTC  
Name: ROWLEY, DEREK  
Address: 5190 NEIL RD STE 430  
City-St-Zip: RENO, NV 89502

Title: V  
Name: BENDE, MICHAEL  
Address: P.O. BOX 1591  
City-St-Zip: DEERFIELD BEACH, FL 33443

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: M BENDER

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

V

10/01/2014

\_\_\_\_\_  
Date