

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F05000007283

1. Corporation Name

**HARBOR PAYMENTS CORPORATION**

400 Galleria Pkwy  
Suite 700  
Atlanta, GA 30339

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

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

200 Vesey St.

Tax Dept.

City  
**PLANTATION**

State  
**FL**

Zip Code  
**33324**

**7. Name and Address of Current Registered Agent**

Name

**C T Corporation System**

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

**1200 South Pine Island Road**

Suite, Apt. #, Etc.

City

State

Zip Code

**PLANTATION**

**FL**

**33324**

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0508, F.S.

Signature of  
Registered Agent

**Juan Grajeda**  
**Assistant Secretary**

(REGISTERED AGENT MUST SIGN)

Date

**6/30/10**

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officer and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PR	Jessica Zoub	200 Vesey St.	New York, NY 10285
VP	<del>Ronald Denholm</del>	200 Vesey St.	New York, NY 10285
TR	John D. Koslow	200 Vesey St.	New York, NY 10285
SEC	John J. Nowak	200 Vesey St.	New York, NY 10285

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10. E-mail Address: **anna.liberchuk@aexp.com**

(To be used for future annual report notification)

11. 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. I further certify, 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:

**John J. Nowak**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/8/2010**

Date

Daytime Phone #

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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CR2E081 (11/09)

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

**58-1465707**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

☒ 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.