

2082

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6384

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**CORPORATION REINSTATEMENT
FIDELITY NATIONAL E-BANKING SERVICES, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$900.00

\$ 300.00

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

10 MAR 09 PM 3:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F95000004765

1. Corporation Name

Fidelity National E-Banking Services, Inc.

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

601 Riverside Avenue

Suite, Apt. #, etc.

City & State

Jacksonville, FL

Zip

32204

Country

USA

3. Mailing Office Address

601 Riverside Avenue

Suite, Apt. #, etc.

City & State

Jacksonville, FL

Zip

32204

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida 10/02/1995

5. FEI Number

581921188

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$3.75 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 607.0605 or 617.0503, F.S.

Signature of
Registered Agent

Madonna Cuddihy

Madonna Cuddihy

Special Assistant Secretary

3-9-2010

REGISTERED AGENT MUST SIGN

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Dir	Gary A. Norcross	601 Riverside Avenue	Jacksonville, FL 32204
Dir	Michael L. Gravelle	601 Riverside Avenue	Jacksonville, FL 32204
Sec	Michael L. Gravelle	601 Riverside Avenue	Jacksonville, FL 32204
Pres	Gary A. Norcross	601 Riverside Avenue	Jacksonville, FL 32204
Treas	Kirk T. Larsen	601 Riverside Avenue	Jacksonville, FL 32204
Asst. Sec.	Stacey A. Lombardi	601 Riverside Avenue	Jacksonville, FL 32204

10. I certify that I am an officer or director of 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:

Stacey A. Lombardi

Stacey A. Lombardi

3/9/10

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #