

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
L00000011675
J. Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 NOV 22 AM 11:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L00000011675

Name and Mailing Address

0003443 01 FP 0.352 **PRSRT T1 0 0615 33321-444701
LIBERTY MERCHANT SERVICES, LLC
5701 PINE ISLAND RD., SUITE 240
FORT LAUDERDALE FL 33321-4447



2. New Mailing Address 2200 SW 10 TH STREET City, State, Zip: Deerfield Beach FL 33442		4. State/Country of Formation FL	
Principal Place of Business 5701 PINE ISLAND RD., SUITE 240 FORT LAUDERDALE FL 33321		5. Date Organized or Qualified - To Do Business in Florida 09/27/2000	
3. New Principal Place of Business Address 2200 SW 10th St City, State, Zip: Deerfield Bch FL 33442		6. FEI Number 59-2378818 APPLIED FOR	
		7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent CHERRY, EDWARD 5701 PINE ISLAND RD., SUITE 240 FT. LAUDERDALE FL 33321		9. Name and Address of New Registered Agent Name: Edward Kennedy Cherry Street Address (P.O. Box Number is Not Acceptable): 2200 SW 10TH STREET City: Deerfield Bch FL Zip Code: 33442	
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10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.
Signature of Registered Agent: [Signature] Date: 10/29/2000
REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
P	ANGEL, ALBERT	5701 PINE ISLAND RD.	FORT LAUDERDALE FL 33321
500009176955 11/22/02--01094--002 **155.00			
REINSTATEMENT			
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12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager: [Signature] Date: 10/29/2002 Daytime Phone #: 954-363-4555

Typed or printed name of signing Managing Member/Manager: Albert J. Angel, MBR