

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
04 AUG 23 AM 11:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L02000010354

1. Limited Liability Company's Name

STORED VALUE SOLUTIONS, LLC

OB

2. Principal Office Address

2623 GREEN CROSSING DR.

Suite, Apt. #, etc.

3. Mailing Office Address

3111-20 MAHAN DRIVE

Suite, Apt. #, etc.

# 2114

City & State

TALLAHASSEE, FL

City & State

TALLAHASSEE, FL

Zip

32309

Country

UNITED STATES

Zip

32308

Country

UNITED STATES

4. State/Country of Formation

FLORIDA / UNITED STATES

5. Date Organized or Qualified  
To Do Business in Florida

4-30-02

6. FEI Number

☒ Applied For

☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required  
for a Certificate of Status

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

Name

CLOUD CONSULTING, INC

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

3111-20 MAHAN DRIVE

Suite, Apt. #, Etc.

# 2114

City

TALLAHASSEE, FL

State

FL

Zip Code

32308

400041007374  
09/13/04--01059--006 \*\*205.00

9. 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

Robert Wade Cloud, President Cloud Consulting, Inc

Date

8-22-04

REGISTERED AGENT MUST SIGN

**10. Names and Street Addresses of Managing Members/Managers**

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
<u>MANAGING MEMBER</u>	<u>CLOUD CONSULTING, INC</u> <u>Robert WADE Cloud</u>	<u>3111-20 MAHAN DRIVE</u> <u># 2114</u>	<u>TALLAHASSEE, FL 32308</u>

**REINSTATEMENT** 2003-2004

11. 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

Robert Wade Cloud

Date

8-22-04

Daytime Phone #

850-878-9524

Typed or printed name of signing Managing Member/Manager

Robert WADE Cloud

CR20041 (10/02)