PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 FEB -6 AM 9:56

DOCUMENT # L04000051502

1. Limited Liability Company's Name

MOMENTUM CARD TECHNOLOGIES, LLC

CR2E041 (8/05)

2. Principal Office Address		**3.** Mailing Office Address	
504 TIMBER RIDGE DR.		504 TIMBER RIDGE DR.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
LONGWOOD, FL		LONGWOOD, FL	
Zip	Country	Zip	Country
32779	SEMINOLE	32779	SEMINOLE

4. State/Country of Formation
FL/USA

5. Date Organized or Qualified To Do Business in Florida 07/12/04

6. FEI Number
77-0641759
☐ 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
DAVID E. FONSECA

Street Address (P.O. Box Number is Not Acceptable)
504 TIMBER RIDGE DR.

Suite, Apt. #, Etc.

City	State	Zip Code
LONGWOOD	FL	32779

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 _____ Date 1/30/07
(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
MGRM	DAVID E. FONSECA	504 TIMBER RIDGE DR.	LONGWOOD, FL 32779
MGRM	GILBERT HOOPER	504 TIMBER RIDGE DR.	LONGWOOD, FL 32779
		900097732518 02/08/07--01037--025 **255.00	
		REINSTATEMENT 25-07	

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 _____ Date 1/30/07 Daytime Phone # 407-461-4315

Typed or printed name of signing Managing Member/Manager DAVID E. FONSECA

STF FL32476F.1