

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000060121

FILED
Nov 07, 2009
Secretary of State

Entity Name: HANDHELD PAYMENT SYSTEMS LLC

Current Principal Place of Business:

200 S.E. 1ST STREET
SUITE 300
MIAMI, FL 33131

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 310055
MIAMI, FL 33131

New Mailing Address:

P.O. BOX 611136
MIAMI, FL 33261

FEI Number: 20-1485863 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

PAGAN, FERNANDO L
2475 BRICKELL AVE.
APT. 1409
MIAMI, FL 33129 US

Name and Address of New Registered Agent:

PAGAN, FERNANDO L
10659 NE 11 CT.
MIAMI, FL 33138 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: FERNANDO L PAGAN

11/07/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: PAGAN, FERNANDO L
Address: 2475 BRICKELL AVE. APT. 1409
City-St-Zip: MIAMI, FL 33129

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: PAGAN, FERNANDO L
Address: 10659 NE 11 CT.
City-St-Zip: MIAMI, FL 33138

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: FERNANDO L PAGAN

MGR

11/07/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date