

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L06000035079

1. Limited Liability Company's Name

ePay Processing, LLC

900139199999
12/22/08--01037--022 **277.50

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box #
35111 US Highway 19 North

Suite, Apt. #, etc.

Suite 202

City & State

Palm Harbor, FL

Zip

34684

Country

U.S.A.

3. Mailing Office Address

35111 US Highway 19 North

Suite, Apt. #, etc.

Suite 202

City & State

Palm Harbor, FL

Zip

34684

Country

U.S.A.

4. State/Country of Formation

Florida/United States of America

5. Date Organized or Qualified
To Do Business in Florida

April 4, 2006

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

Richard W. Titterud

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

35111 US Highway 19 North

Suite, Apt. #, Etc.

Suite 202

City

Palm Harbor

State

FL

Zip Code

34684

☒ A \$100 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 \$100
reinstatement be waived.

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

Richard W. Titterud

REGISTERED AGENT MUST SIGN

Date 12/18/08

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 |
|--------|--------------------------------------|---|-----------------------|
| Mgr. | Richard W. Titterud | 35111 US Highway 19 North Suite 202 | Palm Harbor, FL 34684 |
| Mgr. | George H. Bassous | 35111 US Highway 19 North Suite 202 | Palm Harbor, FL 34684 |
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FILED
08 DEC 23 PM 12:11
TALLAHASSEE, FLORIDA
STATE DEPARTMENT OF REVENUE

REINSTATEMENT 07.08

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

Richard W. Titterud

Date

12/18/08

Daytime Phone #

(727) 772-9881 Ext. 221

Typed or printed name of signing Managing Member/Manager Richard W. Titterud