

# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000051858

FILED  
Oct 04, 2007  
Secretary of State

Entity Name: NATIONAL POS SOLUTIONS, LLC

**Current Principal Place of Business:**

7700 N.W. 37TH AVE.  
MIAMI, FL 33147

**New Principal Place of Business:**

**Current Mailing Address:**

7700 N.W. 37TH AVE.  
MIAMI, FL 33147

**New Mailing Address:**

FEI Number: 11-3781136      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
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:**

**Name and Address of New Registered Agent:**

VALDES, CARLOS A  
7700 N.W. 37TH AVE.  
MIAMI, FL 33147      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: CARLOS A VALDES

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: NATIONAL COMMUNICATI, ONS, LLC  
Address: 7700 N.W. 37TH AVE.  
City-St-Zip: MIAMI, FL 33147

Title: MGR      ( ) Delete  
Name: VALDES, CARLOS A  
Address: 7700 N.W. 37TH AVE.  
City-St-Zip: MIAMI, FL 33147

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: CARLOS A VALDES

MGR

10/04/2007

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