


L08000022154

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 13 DEC 29 PM 11:03

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L08000022154			
1. Limited Liability Company's Name ClubPay, LLC			
2. Principal Office Address - No P.O. Box # 11061 Gatewood Dr.		3. Mailing Office Address 11061 Gatewood Dr.	
Suite, Apt. #, etc. Ste. 101		Suite, Apt. #, etc. Ste. 101	
City & State Bradenton, FL		City & State Bradenton, FL	
Zip 34211	Country US	Zip 34211	Country US
4. State/Country of Formation Florida		5. Date Organized or Qualified To Do Business in Florida 3/3/2008	
6. FEI Number 26-2116160		Applied For <input type="checkbox"/> Not Applicable	
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status			
8. Name and Address of Current Registered Agent Name Corporation Service Company		E-mail Address: 700215641027 mhour@csisoftware.com (To be used for future annual report notices)	
Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street			
Suite, Apt. #, Etc.			
City Tallahassee	State FL		
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 <u>Barry Symons, ASST VP</u> Date <u>12-28-11</u> <small>REGISTERED AGENT MUST SIGN</small>			
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	Barry Symons	11061 Gatewood Dr., Ste. 101	Bradenton, FL 34211
MGR	Jeff McKee	11061 Gatewood Dr., Ste. 101	Bradenton, FL 34211
REINSTATEMENT 2010/2011			
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 608.408, 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.			
Signature of Managing Member/Manager <u>Barry Symons</u>		Date <u>12/28/11</u>	Daytime Phone # <u>705 886 6544</u>
Typed or printed name of signing Managing Member/Manager <u>Barry Symons</u>			

BPK

2010

CR2E041 (1/11)



CORPORATION SERVICE COMPANY

L08UUU22154

ACCOUNT NO. : I20000000195

REFERENCE : 041690 5148A

AUTHORIZATION :

Lyndell...

COST LIMIT : \$ ~~516.25~~

ORDER DATE : December 28, 2011

37750

ORDER TIME : 5:49 PM

ORDER NO. : 041690-005

CUSTOMER NO: 5148A

FILED STATE'S
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
11 DEC 29 PM 11:03

DOMESTIC FILINGS

NAME: CLUBPAY, LLC

RECEIVED
11 DEC 29 AM 10:53
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Becky Peirce - Ext# 2919

EXAMINER'S INITIALS

BPL