

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS**FILED****09 SEP 24 AM 10:20**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**DOCUMENT #** LO8000067468

1. Limited Liability Company's Name

ATM SOLUTIONS INVESTMENTS OF TAMPA, LLC

CR2E041 (12/07)

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
16139 VANDERBILT DRIVE		16139 VANDERBILT DRIVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
ODESSA, FL		FLORIDA	
Zip	Country	Zip	Country
33556	USA	33556	USA

4. State/Country of Formation		FLORIDA
5. Date Organized or Qualified To Do Business in Florida		7/11/2008
6. FEI Number	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
26-3060355		
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			
HENRY R CHRISTIAN			
Street Address (P.O. Box Number is Not Acceptable)			
16139 VANDERBILT DRIVE			
Suite, Apt. #, Etc.			
City		State	Zip Code
ODESSA		FL	33556

☐ 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 AgentHenry R. Christian

Date

9/21/09

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
M/M	HENRY R CHRISTIAN	16139 VANDERBILT DRIVE	ODESSA, FL 33556

200160964792
09/23/09--01040--002 **238.75200160964792
09/23/09--01040--003 **5.00

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

Henry R. Christian

Date

9/21/09Daytime Phone # 813-952-3453Typed or printed name of signing Managing Member/Manager HENRY R CHRISTIAN