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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

14 OCT 22 AM 8:45
TALLAHASSEE, FLORIDA

DOCUMENT # L12000100450

1. Limited Liability Company's Name
MEXICO ATMS, LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
14541 Sharebrook Place	14541 Sharebrook Place
Suite, Apt. #, etc.: Unit 202	Suite, Apt. #, etc.: Unit 202
City & State: Fort Myers, FL	City & State: Fort Myers, FL
Zip: 33912 Country: United States	Zip: 33912 Country: United States

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 08/08/2012

6. FEI Number: 27-1313372 [X] 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: Corporation ServiceCompany
Street Address (P.O. Box Number is Not Acceptable): 1201 Hays Street
Suite, Apt. #, Etc.:
City: Tallahassee State: FL Zip Code: 32301

900265783789

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent: Cindy Leski Date: 10/22/2014
REGISTERED AGENT MUST SIGN Cindy Leski, Asst. Vice President

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representative/ Manager	Street Address of Each Authorized Representative/ Manager	City / State / Zip
AMBR	John F Pacheco	14541 Sharebrook Place, Unite 202	Fort Myers, FL 33912

11. E-mail Address: _____
(To be used for future annual report notifications)

12. I certify that I am an authorized representative/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 605.0012, 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 to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of Authorized Representative/Manager: _____ Date: 10/22/14 Daytime Phone #: 978-460-1760

Typed or printed name of signing Authorized Representative/Manager: John F Pacheco, Member

K. ASHTON

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CORPORATION SERVICE COMPANY®

ACCOUNT NO. : I20000000195

REFERENCE : 340012 7898714

AUTHORIZATION :

COST LIMIT : $ 238.75

ORDER DATE : October 16, 2014

ORDER TIME : 9:07 AM

ORDER NO. : 340012-010

CUSTOMER NO: 7898714

DOMESTIC FILINGS

NAME: MEXICO ATMS, LLC

RECEIVED
DEPARTMENT OF STATE
14 OCT 22 AM 8 55

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

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

CONTACT PERSON: Courtney Williams - Ext# 62935

EXAMINER'S INITIALS _____