PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

14 OCT 23 AM 10:18

DOCUMENT # L13000163748

1. Limited Liability Company's Name
BOSTON ATM GROUP 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.	Suite, Apt. #, etc.
Unit 202	Unit 202
City & State	City & State
Fort Meyers, FL	Fort Meyers, FL
Zip / Country	Zip / Country
33912 / United States	33912 / United States

4. State/Country of Formation
Florida

5. Date Organized or Qualified To Do Business In Florida
11/21/2013

6. FEI Number
04-3474330
☐ 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 Service Company

Street Address (P.O. Box Number is Not Acceptable)
1201 Hays Street

Suite, Apt. #, Etc.

City	State	Zip Code
Tallahassee	FL	32301

200265799692

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 10/23/2014

REGISTERED AGENT MUST SIGN Cindy Leski, Assistant Vice President

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
AMBR	John F Pacheco	14541 Sharebrook Place,Unit 202	Fort Meyers, 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 606, 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 [signature] Date 10/22/14 Daytime Phone # 928-460-1760

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

OCT 23 2014
M. WILLIAMS

CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 340002 7898714

AUTHORIZATION :

COST LIMIT : $ 238.75

ORDER DATE : October 16, 2014

ORDER TIME : 11:07 AM

ORDER NO. : 340002-010

CUSTOMER NO: 7898714

RECEIVED
DEPARTMENT OF STATE
14 OCT 23 PM 1:46

DOMESTIC FILINGS

NAME: BOSTON ATM GROUP LLC

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 _____