

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# M04000001081

FILED
May 17, 2006
Secretary of State

Entity Name: ATLANTIC PAYMENT SYSTEMS, LLC

Current Principal Place of Business:

3713 PINETIP ROAD
TALLAHASSEE, FL 323131016

New Principal Place of Business:

2625 S ATLANTIC AVE
UNIT 12A NW - ALCORN
DAYTONA BEACH SHORES, FL 32118 US

Current Mailing Address:

3713 PINETIP ROAD
TALLAHASSEE, FL 323131016

New Mailing Address:

2625 S ATLANTIC AVE
UNIT 12A NW - ALCORN
DAYTONA BEACH SHORES, FL 32118

FEI Number: 03-0369362 **FEI Number Applied For** () **FEI Number Not Applicable** () **Certificate of Status Desired** (X)
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:

FLEETWOOD, ROSS
3713 PINETIP ROAD
TALLAHASSEE, FL 323131016 US

Name and Address of New Registered Agent:

ALCORN, DANIEL G
2625 S ATLANTIC AVE
UNIT 12A NW - ALCORN
DAYTONA BEACH SHORES, FL 32118 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: DANIEL G. ALCORN

05/17/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: ALCORN, DANIEL G
Address: 1179 HEDGEWOOD LANE
City-St-Zip: NISKAYUNA, NY 12309

ADDITIONS/CHANGES:

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

I hereby certify that the information supplied with this filing does not qualify for the 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: DANIEL G. ALCORN

MGR

05/17/2006

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