PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		1 1 10	FILED SECRETARY OF STATE OF CORPORATIONS PREB 25 PM 4: 08
DOCUMENT # M0600000770 1. Limited Liability Company's Name					
Solantic Card Services, LLC					
2. Principal Office Address - No P.O. Box#		3. Mailing Office Address		CR2E041 (10/08)	
8711 Perimeter Park Blvd.		8711 Perimeter Park Blvd.		4. State/Country of Formation Delaware 5. Date Organized or Qualified	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
Suite 6		Suite 6			
City & State		City & State			in Statistic Fundamental Control of the Control of
Jacksonville, Florida		Jacksonville, Florida		6. FEI Numbe	Applied For ✓ Not Applicable
Zip 32216	Country Duval	Zip 32216	Country Duval	CERTIFICATE OF STATUS DESIRED V: \$5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent					
Name				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	
NRAI Services INC.					
Street Address (P.O. Box Number is Not Acceptable) 2731 Executive Park Drive					
Suite, Apt. #, Etc.					
Suite 4					ceived and requesting the \$100 tement be waived.
City State Zip Code Weston FL 33331				remstatement be waived.	
9. I, being appointed the registered agent of the apove named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S. Signature of Registered Agent REGISTERED AGENT MUST SIGN Date					
10. Names and Street Addresses of Managing Members/Managers					
Titles	s Name of Stree		Street Address of Each Managing Member/Mana		City / State / Zip
MGAM Kare	m Karen Bowling 8711 Perimeter 1		Perimeter Park	Suite 6 E Blvd	Jacksonville, FC 52216
				12/1:	00139173800 1/03-01045003 **238.75
REINSTA	TEMENT 200	7,2008		DI 02/2	001391738UU 7/0901003001 **282.50
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 filling 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 ceth.					
Signature of Managing Member/Manager South Bonuture Date 12/2/08 Daytime Phone # 904-223-2720					
Typed or printed name of signing Managing Member/Manager					

February 24, 2008

Florida Department of State Division of Corporations PO Box 6327 Tallahassee Fl 32314 Attn: LLC Reinstatements

Subject: Reinstatement of Solantic Card Services, LLC

Ref. Number: M06000000770

Please apply the enclosed check for \$282.50 to this account in order to satisfy the remaining fees due in the reinstatement of Solantic Card Services, LLC.

Please contact Jennifer Jeffes (352)442-5088 with any questions regarding the reinstatement.

Sincerely,

Jennifer Jeffes



FLORIDA DEPARTMENT OF STATE Division of Corporations

RECEIVED

09 FEB 25 PM 4:00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

January 28, 2009

SOLANTIC CARD SERVICES, LLC 8711 PERIMETER PARK BLVD STE 6 JACKSONVILLE, FL 32216

SUBJECT: SOLANTIC CARD SERVICES, LLC

Ref. Number: M06000000770

We have received your document for SOLANTIC CARD SERVICES, LLC and check(s) totaling \$238.75. However, the document has not been filed and is being retained in this office for the following reason(s):

There is a balance due of \$282.50. Refer to the attached fee schedule for the breakdown of fees. Please return a copy of this letter to ensure your money is properly credited.

Returning check # 006374 for the amount 89.75.

Please return a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton Regulatory Specialist II

Letter Number: 109A00003145



RECEIVED

09 JAN 27 PM 4:00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

December 24, 2008

SOLANTIC CARD SERVICES, LLC 8711 PERIMETER PARK BLVD STE 6 JACKSONVILLE, FL 32216

SUBJECT: SOLANTIC CARD SERVICES, LLC

Ref. Number: M06000000770

We have received your document for SOLANTIC CARD SERVICES, LLC and check(s) totaling \$238.75. However, the document has not been filed and is being retained in this office for the following reason(s):

There is a balance due of \$89.75. Refer to the attached fee schedule for the breakdown of fees. Please return a copy of this letter to ensure your money is properly credited.

Any reinstatement application received after January 1st must include the fees for next year's annual report. Please be sure to include an additional \$521.25 if your reinstatement is submitted after January 1st.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton Regulatory Specialist II Registration/Qualification Section

Letter Number: 008A00061671