

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

18 OCT 29 PM 4:22

DOCUMENT # M12000001386

1. Limited Liability Company's Name

CardConnect, LLC

2. Principal Office Address - No P.O. Box #

1000 Continental Drive

Suite, Apt. #, etc.

Suite 300

City & State

King of Prussia, PA

Zip

19406

Country

USA

3. Mailing Office Address

same as office address

Suite, Apt. #, etc.

City & State

Zip

Country

CR2E041 (1/14)

4. State/Country of Formation

Delaware

5. Date Organized or Qualified  
To Do Business in Florida

03/13/2012

6. FEI Number

35-2263242

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) Suite,

1201 Hays Street

Apt. #, Etc

City

Tallahassee

State

FL

Zip Code

32301

100820347521

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

*Roxanne Turner*  
REGISTERED AGENT MUST SIGN

Roxanne Turner  
Asst. Vice President

Date

10/29/2018

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
Member	FDS Holdings, Inc.	5565 Glenridge Connector NE	Atlanta, GA 30342

REINSTATEMENT

2018

OCT 29 2018

11. E-mail Address: FDCRegulatoryReporting@firstdata.com

(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 605, 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 requirement 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 in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member

*Gretchen A. Herron*

Date 10/25/2018

Daytime Phone #

404-890-2827

Typed or printed name of signing authorized representative/member Gretchen A. Herron, Vice President & Assistant Secretary,

FDS Holdings, Inc., as the Sole member of CardConnect, LLC

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 462008 5052101

AUTHORIZATION :



COST LIMIT : \$ 238.75

ORDER DATE : October 26, 2018

ORDER TIME : 11:19 AM

ORDER NO. : 462008-005

CUSTOMER NO: 5052101

REINSTATEMENT

NAME: CARDCONNECT, LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
              CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner

EXAMINER'S INITIALS \_\_\_\_\_

18 OCT 29 PM 1:57