

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

2014 MAY - 5 AM 11:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

KS

**DOCUMENT # M96000000196**

1. Limited Liability Company's Name

Global Payment System LLC

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

10 Glenlake Parkway

Suite, Apt. #, etc.

North Tower

City & State

Atlanta, GA

Zip

30328

Country

USA

3. Mailing Office Address

10 Glenlake Parkway

Suite, Apt. #, etc.

North Tower

City & State

Atlanta, GA

Zip

30328

Country

USA

4. State/Country of Formation

Georgia

5. Date Organized or Qualified  
To Do Business in Florida

6/05/1996

6. FEI Number

58-2221768

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

C T Corporation System

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

1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

200259299182  
04/22/14--01006--012 \*\*932.50

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

Nathan S. Giffin Asst. Secretary

Date

4/12/14

REGISTERED AGENT MUST SIGN

**10. Names and Street Addresses of Authorized Representatives/Managers**

| Titles | Name of<br>Authorized Representatives/<br>Managers | Street Address of Each<br>Authorized Representative/<br>Manager | City / State / Zip |
|--------|--|---|--------------------|
| MGRM   | Global Payments Holding Company                    | 10 Glenlake Parkway, North Tower                                | Atlanta, GA 30328  |
| MGRM   | GPS Holding Limited Partnership                    | 10 Glenlake Parkway, North Tower                                | Atlanta, GA 30328  |
| MGRM   | NDC Holdings (UK) Limited                          | 10 Glenlake Parkway, North Tower                                | Atlanta, GA 30328  |
|        |  |   |                    |
|        |  |   |                    |
|        |  |   |                    |

11. E-mail Address: nancy.lloyd@globalpay.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 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

3/25/14

Daytime Phone # (770) 829-8640

Typed or printed name of signing Authorized Representative/Manager David L. Green