

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

Jun 28, 2002 8:00 A.M.
Secretary of State

DOCUMENT #

1. Corporation Name

Ultimate Merchant Systems Inc.

2. Principal Office Address

220 W. Brandon Blvd.

Suite, Apt. #, etc.

108

City & State

Brandon, Florida

Zip

33511

Country

USA

3. Mailing Office Address

220 W. Brandon Blvd.

Suite, Apt. #, etc.

108

City & State

Brandon, Florida

Zip

33511

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

01-20-00

5. FEI Number

59-3617588

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

**\$8.75 Additional Fee required
for a Certificate of Status**

7. Name and Address of Current Registered Agent

Name

Christopher R. Demian

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

5121 Whispering Leaf Place

Suite, Apt. #, Etc.

City

Valrico

State

FL

Zip Code

33594

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

C.R.D.

Date

6-25-02

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
President	Christopher R. Demian	5121 Whispering Leaf Trail	Valrico, Florida 33594
Vice President	Ronda M. Demian	5121 Whispering Leaf Trail	Valrico, Florida 33594

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

C.R.D.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-25-02

Date

(813) 643-1444

Daytime Phone #

CR2E081 (9/01)