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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

REINSTATEMENT 05-07

FILED
07 SEP 11 AM 8:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E061 (1/07)

DOCUMENT # P00000009139

1. Corporation Name

American Merchant Data Service, Inc.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
414 SE Washington Blvd	414 SE Washington Blvd
Suite, Apt. #, etc. PMB 366	Suite, Apt. #, etc. PMB 366
City & State Bartlesville, OK	City & State Bartlesville, OK
Zip 74006 Country USA	Zip 74006 Country USA

4. Date Incorporated or Qualified To Do Business in Florida: 1-27-2000

5. FEI Number: 65-0977575 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☑

7. Name and Address of Current Registered Agent

Name: NRAI Services, Inc.

Street Address (P.O. Box Number is Not Acceptable): 2731 Executive Park Dr.

Suite, Apt. #, Etc: Suite 4

City: Weston State: FL Zip Code: 33331

☑ The 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 not received and requesting the reinstatement fee be waived.

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: [signature] Date: 09/05/07

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
P,D,S,T	Robert Wilson	414 SE Washington Blvd, PMB 366	Bartlesville, OK 74006

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 contained in Chapter 119, 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: [signature] 8-31-08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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Florida Department of State
Division of Corporations
Public Access System

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To:
Division of Corporations
Fax Number : (850)205-0384

From:
Account Name : CORPDIRECT AGENTS, INC.
Account Number : 110450000714
Phone : (850)222-1173
Fax Number : (850)224-1640

001448.74370

CORPORATION REINSTATEMENT

AMERICAN MERCHANT DATA SERVICE, INC.

Certificate of Status	0
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$450

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