

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
02 FEB 12 PM 12:14
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

DOCUMENT # P0000013412

1. Corporation Name
U.S. Credit Card Processing Corp.

2. Principal Office Address 6881 S.W. 94 Ave.
3. Mailing Office Address 6881 S.W. 94 Ave.

Suite, Apt. #, etc.

City & State
Miami Florida Miami Florida

Zip 33173 **Country** USA **Zip** 33173 **Country** USA

REINSTATEMENT 01-02
7/16/01 90001/049 \$150.00

4. Date Incorporated or Qualified To Do Business in Florida 2/03/2000

5. FEI Number 65-0986609 **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 Mercedes Fernandez

Street Address (P.O. Box Number is Not Acceptable) 6881 S.W. 94 Ave.

Suite, Apt. #, Etc.

City Miami **State** FL **Zip Code** 33173

600004960616-7
-02/20/02-01047-012
****750.00LS****750.00

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 **REGISTERED AGENT MUST SIGN**

Date February 8, 2002

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	Mercedes Fernandez	6881 S.W. 94 Ave.	Miami, FL 33173

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: Mercedes Fernandez **Date** 2/8/02 **Daytime Phone #** 305-598-1400

CR2E081 (9/00)