

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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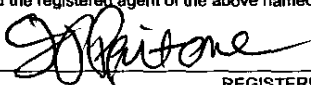
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CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P00000040556			
1. Corporation Name NATIONS ELECTRONIC PROCESSING, INC.			
2. Principal Office Address 740 N.E. 28TH AVE.		3. Mailing Office Address 740 N.E. 28TH AVE.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State POMPANNO BEACH, FLA		City & State POMPANNO BEACH, FLA	
Zip 33062	Country U.S.A.	Zip 33062	Country U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida 4/2000	
5. FEI Number 65-0999204	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent		
Name JOSEPH PERITONE		
Street Address (P.O. Box Number is Not Acceptable) 740 N.E. 28TH Avenue		
Suite, Apt. #, Etc.		
City POMPANNO BEACH	State FL	Zip Code 33062

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 	Date 6-18-03
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/ff	JOSEPH PERITONE	740 N.E. 28TH Avenue	Pompanno Beach, FLA 33062

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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date 6-18-03 Daytime Phone # 954-571-0224

CR2E001 (10/02)

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NATIONS ELECTRONIC PROCESSING, INC.

**740 N.E. 28TH AVENUE
POMPANO BEACH, FLORIDA 33062
TEL.(954) 571-0224 FAX.(954) 571-2311**

JUNE 19, 2003

**FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FLORIDA 32314**

RE: CORPORATION REINSTATEMENT REQUEST

**THIS IS TO REQUEST THAT YOU WAIVE THE \$600.00 REINSTATEMENT
FEE BECAUSE I DID NOT RECEIVE THE 2002 and 2003 annual reports.**

THE CORPORATION DOCUMENT NUMBER IS # 00000040556.

THANKYOU



**NATIONS ELECTRONIC PROCESSING, INC.
JOSEPH PEPITONE-PRESIDENT**