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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

05 APR 10 PM 1:07

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000044746

1. Corporation Name

CREDIT CARD PROCESSING & POS SOLUTIONS, CORP.

2. Principal Office Address
4960 SW 72 Ave

3. Mailing Office Address
4960 SW 72 Ave

Suite, Apt. #, etc.
202

Suite, Apt. #, etc.
202

City & State
Miami, Florida

City & State
Miami, Florida

Zip
33155

Country

Zip
33155

Country

REINSTATEMENT 01-06

CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida 05-04-2000

5. FEI Number 65-1005400

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
NEPTALI F. REATEGUI

Street Address (P.O. Box Number is Not Acceptable)
4960 SW 72 Ave

Suite, Apt. #, Etc.
202

City
MIAMI

State
FL

Zip Code
33155

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

03/08/06

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
PD	NEPTALI F. REATEGUI	4960 SW 72 Ave STE 202	MIAMI, FL 33155
			100070463551
			04/14/06--01064--024 **908.75

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

03/08/06 499-9172 (305)

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MIAMI FL 33176

Annual Reports

Report Year

Filed Date

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Document Images

Listed below are the images available for this filing.

05/04/2000 -- Domestic Profit

THIS IS NOT OFFICIAL RECORD; SEE DOCUMENTS IF QUESTION OR CONFLICT

[Corporations Inquiry](#)[Corporations Help](#)

AS PER MAX CONVERSATION WITH
ONE OF YOUR CUSTOMER SERVICE
ADVISORS, I'M SENDING YOU
\$750.00 FOR OUR CORPORATION
REINSTATEMENT SINCE WE
HAVE NOT RECEIVED THE
RENOVATION INVOICE SINCE
THE YEAR WE OPEN THE CORPORATION
Sincerely,

[Signature]
NEED TALLE REAT (Vice Pres.)