

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 DEC 30 PM 12:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 10000053471

1. Corporation Name

TCB MERCHANT SERVICES CORPORATION

2. Principal Office Address

25 OLD KINGS ROAD, NORTH

3. Mailing Office Address

P.O. BOX 352501

Suite, Apt. #, etc.

SUITE 3B

Suite, Apt. #, etc.

City & State

PALM COAST, FL

City & State

PALM COAST, FL

Zip

32137

Country

USA

Zip

32137

Country

USA

REINSTATEMENT

01-02

4. Date Incorporated or Qualified
To Do Business in Florida

6/2/2000

5. FEI Number

59-3650565

Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$6.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

GARY A. BLOOM

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

25 OLD KINGS ROAD, NORTH

Suite, Apt. #, Etc.

SUITE 3B

City

PALM COAST

State

FL

Zip Code

32137

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0506 or 617.0503, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date

12/24/2002

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 |
|----------|--------------------------------------|---|-----------------------------|
| <u>D</u> | <u>GARY A. BLOOM</u> | <u>25 OLD KINGS RD. NORTH SUITE 3B</u> | <u>PALM COAST, FL 32137</u> |
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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]

GARY A. BLOOM

12/24/2002

(386)8469727

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2112