P04000111121

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 NOV 18 PM 2:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000111121

1. Corporation Name
CVP MERCHANT SERVICES INC.

4200 CASTLE BRIDGE LANE
"SAME"

2. Principal Office Address	**3.** Mailing Office Address
4200 CASTLE BRIDGE LANE	"SAME"
Suite, Apt. #, etc.: 1925	Suite, Apt. #, etc.
City & State: SARASOTA, FL.	City & State
Zip: 34238 / Country: USA	Zip / Country

REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida: 11/29/2000

5. FEI Number: 65-1070860 ☐ 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: CHRISTINE PHILLIPS

Street Address (P.O. Box Number is Not Acceptable): 4200 CASTLE BRIDGE LANE

Suite, Apt. #, Etc.: 1925

City: SARASOTA | State: FL | Zip Code: 34238

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: 11/16/2004
REGISTERED AGENT MUST SIGN

CR2E081 (01/04)

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
PRES.	CHRISTINE PHILLIPS	4200 CASTLE BRIDGE LANE #1925	SARASOTA, FL. 34238

000042CE499
11/18/04--01031--007 **300.00

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: _____ President 11/16/2004 941-925-4150
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Christine Phillips

LOU KAKOURIS
ENROLLED AGENT

19 292

L.K. ACCOUNTING & TAXES INC.

Individual & Corporate

2477 Stickney Point Rd. Suite 117 B
Sarasota, FL 34231

(941) 927-3822
Fax (941) 924-8632
loutax@concentric.net

Memo

Date: 11/06/2004

To: DIVISION OF CORPORATIONS

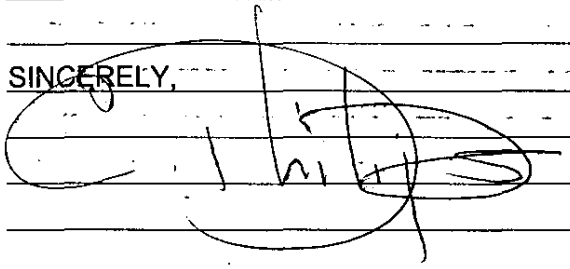
From: CVP MERCHANT SERVICES INC.

Subject: WAIVER OF REINSTATEMENT FEE

TO WHOM IT MAY CONCERN,

THE ADMINISTRATIVE DISSOLUTION WAS CAUSED DUE TO MY NOT RECEIVING MY ANNUAL RENEWAL BECAUSE I MOVED MY BUSINESSTO A NEW LOCATION

SINCERELY,



CHRISTINE PHILLIPS, PRESIDENT