

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P01000068823

1. Entity Name
CREDIT CARD POS DEPOT, INC,



FILED

05 JUL -8 PM 1:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
3705 NW 115TH AVE., #8A
MIAMI, FL 33178

Mailing Address
3705 NW 115TH AVE., #8A
MIAMI, FL 33178

2. Principal Place of Business
15373 SW 19 Terrace
Suite, Apt. #, etc.
Miami, FL 33185
City & State

3. Mailing Address
PO BOX # 941686
Suite, Apt. #, etc.
City & State
Miami, FL



07072005 REIN-P CR2E098 (6/04)

4. FEI Number
65-1147510
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

Zip Country
33185 USA
33194 USA

6. Name and Address of Current Registered Agent
ORTA, CARMEN B
3705 NW 115TH AVE, STE. 8A
MIAMI, FL 33178

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD ORTA, CARMEN B 3705 NW 115 AVE., STE. 8A MIAMI, FL 33178	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP	S Say, Olivette 15373 SW 19 Terrace Miami, FL 33185	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	800057367668 07/12/05--01075--011 **300.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/7/05 (305) 225-2560
Date Daytime Phone #