

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 DEC 15 PM 1:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000107031**

1. Corporation Name

**ADVANCED PAYMENT SYSTEMS, INC.**

**REINSTATEMENT 03**



**300025486643**  
12/15/03--01013--005 \*\*150.00

Principal Place of Business

6758 ALDEN RIDGE DRIVE  
BOYNTON BEACH FL 33437

Mailing Address

6758 ALDEN RIDGE DRIVE  
BOYNTON BEACH FL 33437

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

**11/06/2001**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

**65-1150280**

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐ **\$8.75 Additional Fee required  
for a Certificate of Status**

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
<b>D</b>	<b>CATHCART, THOMAS</b>	<b>6758 ALDEN RIDGE DRIVE</b>	<b>BOYNTON BEACH FL 33437</b>

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**MERLO, ANDREW P.A.**  
**2300 GLADES ROAD, SUITE 307-E**  
**BOCA RATON FL 33431**

Name

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

Suite, Apt. #, Etc.

City

State

**FL**

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date

**12/15/03**

11. 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:

**Thomas Cathcart**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**12/15/03**

Daytime Phone #

**561 3693217**

CR2EQ40 (7/03)

Advanced Payment Systems, Inc.  
6758 Alden Ridge Drive  
Boynton Beach, Florida 33437

Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

RE: Reinstate Corporation

To Whom It May Concern:

~~As per my conversation with your employee (Katrina)~~ enclosed is a check for ~~One~~ hundred fifty dollars and zero cents (\$150.00) for the reinstatement of my corporation. I did send in my renewal back in February of this year. I have checked with my bank and that check has not cleared my account. I just recently received the first notice in reference to this matter and am responding as quickly as possible. Please reinstate my corporation as soon as possible. . Thanks for your understanding in this matter.

Sincerely,



Thomas J. Cathcart  
President,  
Advanced Payment Systems, Inc.