

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


FILED

03 JAN 17 PM 3:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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01/23/03--01032--015 **358.75

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P01000116583			
1. Corporation Name INTERNATIONAL MERCHANT SOLUTIONS CORP.			
2. Principal Office Address 1505 N UNIVERSITY DR Suite, Apt. #, etc. 1505 3RD FLOOR		3. Mailing Office Address 1505 N UNIVERSITY DR Suite, Apt. #, etc. 3RD FLOOR	
City & State CORAL SPRINGS FL		City & State CORAL SPRINGS FL	
Zip 33071	Country USA	Zip 33071	Country USA

4. Date Incorporated or Qualified To Do Business in Florida	
5. FEI Number 65-1158839	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name ANTONIO HERNANDEZ	
Street Address (P.O. Box Number is Not Acceptable) 1505 N UNIVERSITY DR	
Suite, Apt. #, Etc. 3rd FLOOR	
City CORAL SPRINGS	State FL Zip Code 33071

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 X <i>Antonio Hernandez</i>		Date 1-10-03	
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	ANTONIO HERNANDEZ	1505 N UNIVERSITY DR	CORAL SPRINGS FL 33071
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: X <i>Antonio Hernandez</i>		1-10-03 9548684789	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #

CR2E081 (10/02)

2/11/03

ATTACHMENT

INTERNATIONAL MERCHANT SOLUTIONS CORP.
1505 N UNIVERSITY DRIVE
3RD FLOOR
CORAL SPRNGS, FL 33071
954-752-5101

P01000116583

January 10, 2003

Uniform Business Report Filing
Division of Corporations
P.O. Box 1500
Tallahassee, Florida 32302-1500

RE: UBR/P01000116583/INTERNATIONAL MERCHANT SOLUTIONS CORP.

To Whom It May Concern:

This is to request acceptance of the enclosed corporate renewal/reinstatement filing. I did not receive my 2002 UBR and was not aware of the requirements; as of today I have not received the UBR form for 2003. Please see changes in the address.

Enclosed find check for \$358.750 for the filing fee.

Should you have any questions, please do not hesitate to call the office.

Thank you, for your assistance in this matter.

Sincerely,



Antonio Hernandez