2006 FOR PROFIT CORPORATION REINSTATEMENT

***	REINSTATEMENT						1				
DOCU	MENT # P02000023			•	*	ì					
1. Énity Name A1 PROCESSING SERVICES, INC.						06 FE	B 20 PM 3	}: 45			
				1	T)	ATT		A.T.C			
,	e of Business	Mailing Address 251 NW 25TH STREET		New York WARRANT							
10300 SUNSET DRIVE		MIAMI, FL 33127		प्राप्त		1850。这次	KIDA 10	i DS	5-06		
MIAMI, FL 33173					2/	4111111111		10  0   101    F	i i i i i i i i i i i i i i i i i i i		
- ,	Place of Business	3. Mailing Address	<u>05</u>	<u>ध्र ८ /</u>		<i>Б/</i> 3,	05 9008	2 05 (		<i>50</i> .00	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			02	172006	REIN-P	CR2E09	8 (11/05)		
City & State		City & State		4. FEI Number Applied For 04-3670034 Not Applicable							
Zip	Country	Zip	Coun				of Status Desired		8.75 Add	litional	
<u> </u>	6. Name and Address of Current	33173 Registered Agent	کے	S CAC	3		Address of New R	_ F	ee Required	d	
0140150		Name									
CHARLES, ROSE 10300 SUNSET DRIVE - STE 411 MIAMI, FL 33173					Street Address (P.O. Box Number is Not Acceptable)						
				City					Zip Code		
9 The shows	s named onlike submits this statement for	s the purpose of changing its	osiatar	ĺ	ranistarad na	ant or hal	h is the Ctate of Ele	FL			
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 benefit operational agent of contracted agent and situation of contracted agent of con											
Signature, typedfor printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating) DATE											
FII	LE NOW!!! FEE IS \$900.00										
10.	OFFICERS AND	DIRECTORS	11.			DITIONS/	CHANGES TO OFF			S IN 11	
TITLE NAME	PD CHARLES, ROSE	Delete	TITLE		PD	2773	-		Change	☐ Addition	
STREET ADDRESS	10300 SUNSET DRIVE - STE 41	1	STRE	et address	1573	, 1 3	2 Res 1418	મજૂઝમ.	1		
CITY-ST-ZIP	MIAMI, FL 33173	☐ Delete	CITY	-ST-ZIP	nn va S	1001	FL 33		PTChange	☐ Addition	
NAME	CHARLES, DOROTHY	E Delete	NAM	E	-	QLE	S DOR			_	
STREET ADDRESS CITY-ST-ZIP	15731 SW 141 ST MIAMI, FL 33196			ET ADDRESS - ST-ZIP	1039	200	S DOR NOSER	200 S	3460	H	
TITLE		☐ Delete	TIPLE		7410	_64_1_4_			☐ Change	☐ Addition	
NAME STREET ADDRESS			NAME STREE	E1 ADDRESS	·	90	10067	1796	) Ci Ci (		
CITY+ST-ZIP			CITY	-ST-ZIP		03/03	00067° 70601037	<u>021</u>	**150	.00	
TITLE NAME		☐ Delete	TITLE NAME						☐ Change	☐ Addition	
STREET ADDRESS				ET ADDRESS							
CITY-S1-ZIP				-ST-ZIP						/ 1 4 4 W	
TITLE NAME		☐ Oelete	NAME					ı	☐ Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS - St- Zip							
TITLE		☐ Delete	TITLE						Change	Addition	
NAME STREET ADDRESS			NAME STRE	E Et address						ļ	
CITY-ST-ZIP				-ST-ZIP							
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: ROSE & CHARLES 2/17/06											
	SIGNATURE AND TYPED OR P	RINTED NAME OF SIGNING OFFICER O	R DIRECT	DR			Date	Day	ytime Phone #		

292

To whom it may concern.

I did not receive the rejected letter sent to me on 5/19/06

Because of incorrect address.

Please, wave the \$600.00 late fees.

Many Thanks

Rose Charles