

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000067759

1. Entity Name
HDO CARD SYSTEMS, INC.



APPROVED
AND
FILED
04 OCT 26 AM 10:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
2009 APALACHEE PKWY
SUITE 110
TALLAHASSEE, FL 32301

Mailing Address
2009 APALACHEE PKWY
SUITE 110
TALLAHASSEE, FL 32301

REINSTATEMENT

2. Principal Place of Business

3. Mailing Address

1809 Miccosukee Commons Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 108

City & State

City & State

Tallahassee, FL

Zip

Country

Zip

Country

32308

10212004 REIN-P CR2E098 (6/04)

4. FEI Number
38-3652782

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GLOVER, RICHARD A
1809 MICCOSUKEE COMMONS BLVD
SUITE 108
TALLAHASSEE, FL 32308

Name

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

1809 Miccosukee Commons Dr. Suite 108

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After January 1, 2005, Fee will be \$300.00

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
D NORWOOD, BILL R ☐ Delete
STREET ADDRESS
2009 APALACHEE PKWY STE 110
CITY-ST-ZIP
TALLAHASSEE, FL 32301

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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: Bill R Norwood Bill R. Norwood

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/21/04

Date

422-1042

Daytime Phone #