

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 FEB 12 PM 12:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000086545

1. Corporation Name

ATLANTIC PACIFIC MERCHANT SERVICES, CORPORATION

REINSTATEMENT 03-04

500028640285
02/12/04--01023--018 **300.00

2. Principal Office Address

2300 PALM BEACH LAKES BLVD

3. Mailing Office Address

Suite, Apt. #, etc.

207

Suite, Apt. #, etc.

City & State -

West Palm Beach

City & State -

Zip

33409

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

☒ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Alexander J. Alfano, Esq.

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

2655 Le Jeune Rd

Suite, Apt. #, Etc.

403

City

Coral Gables

State
FL

Zip Code
33134

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

Date 02/04/2004

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 Officer and/or Director	Street Address of Each Officer and/or Director	City / State / Zip
PD	DAVID PUGH	2655 Le Jeune RD. Suite 403	Coral Gables, FL 33134
VP	INZERILLO, CHRISTIAN	2655 Le Jeune Rd. Suite 403	Coral Gables, FL 33134

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:

02/04/2004

(305) 728-1341

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2001 (01/04)

February 4th, 2004

Via: Regular Mail

**Department of State
Divisions of Corporations
PO Box 6327
Tallahassee, Florida 32314**

Re: Corporation Reinstatement - 2004 -
Corporation: ATLANTIC PACIFIC MERCHANT SERVICES,
CORPORATION
Document # P02000086545

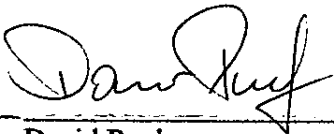
To Whom It May Concern:

Please find enclosed a check in the amount of \$ 300.00 representing the annual business report for the above-mentioned corporation, corresponding to the fiscal year 2003 and 2004.

Please be advised that I am requesting a waiver of the late fee penalty, based on the fact that we did not receive the annual business report notice corresponding to the year 2003. For that reason we did not file the report on time.

If you have any concern, do not hesitate to contact me at the (305) 728-1341, or by mail to the mailing address listed on the reinstatement form attached.

Attentively,



David Pugh