1 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
07 JUN 29 PM 3:
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000028656

REINSTATEMENT

1. Corporation Name
Select Processing of ORLANDO, Inc.

2. Principal Office Address - No P O Box #	3. Mailing Office Address
223 Central Florida Pkwy	223 Central Florida Pkwy
Suite, Apt. #, etc	Suite, Apt. #, etc.
City & State: ORLANDO, FL	City & State: ORLANDO, FL
Zip: 32824 Country: USA	Zip: 32824 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number: 20-0710104 ☐ 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: BrC Corporate Services of Central Florida, Inc.
Street Address (P.O. Box Number is Not Acceptable): 390 N. Orange Ave
Suite, Apt. #, Etc.: Suite 1400
City: ORLANDO State: FL Zip Code: 32801

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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: By: [signature], Vice President Date: 6/26/07
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
Owner	Steve Macchio	390 N. Orange Ave. Ste 1400	ORLANDO, FL. 32801
Owner	RALPH MACCHIO	390 N. Orange Ave. St 1400	ORLANDO, FL. 32801

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 contained in Chapter 119, 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: [signature] 6/26/07 (321-956-7600)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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Florida Department of State
Division of Corporations
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Division of Corporations
Fax Number : (850)205-0384

From:
Account Name : BROAD AND CASSEL (ORLANDO)
Account Number : I19980000090
Phone : (407)839-4200
Fax Number : (407)839-4264

CORPORATION REINSTATEMENT

SELECT PROCESSING OF ORLANDO, INC.

Certificate of Status	1
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