

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000114433

FILED
Jul 22, 2009
Secretary of State

Entity Name: WORLD BANKCARD SOLUTIONS, INC.

Current Principal Place of Business:

600 SOUTH NORTHLAKE BLVD.
SUITE 210
ALTAMONTE SPRINGS, FL 32701 US

Current Mailing Address:

1052 MONTGOMERY RD.
SUITE 1064
ALTAMONTE SPRINGS, FL 32714

FEI Number: 20-3443539

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GERENA, JOHN
600 SOUTH NORTHLAKE BLVD.
SUITE 210
ALTAMONTE SPRINGS, FL 32701 US

New Principal Place of Business:

600 NORTHLAKE BLVD.
SUITE 210
ALTAMONTE SPRINGS, FL 32701 US

New Mailing Address:

600 NORTHLAKE BLVD.
SUITE 210
ALTAMONTE SPRINGS, FL 32701 US

Name and Address of New Registered Agent:

GERENA, JOHN
600 NORTHLAKE BLVD.
SUITE 210
ALTAMONTE SPRINGS, FL 32701 US

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.

SIGNATURE: JOHN GERENA

07/22/2009

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GERENA, JOHN
Address: 600 S. NORTHLAKE BLVD. SUITE 210
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: EVP (X) Delete
Name: FITZGERALD, FRED
Address: 600 S. NORTHLAKE BLVD. SUITE 210
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: VP (X) Delete
Name: VALLE, ORLANDO
Address: 600 S. NORTHLAKE BLVD. SUITE 210
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: VP (X) Delete
Name: VASQUEZ, JOHN
Address: 600 S. NORTHLAKE BLVD. SUITE 210
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: GERENA, JOHN
Address: 600 S. NORTHLAKE BLVD. SUITE 210
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN GERENA

PRES

07/22/2009

Electronic Signature of Signing Officer or Director

Date