2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000140967

Entity Name: APEX MERCHANT SOLUTIONS, INC.

FILED Sep 27, 2007 Secretary of State

Current Principal Place of Business:	New Principal Place of Business
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6250 HAZELTINE NATIONAL DRIVE 448 LONG PINE DRIVE

LAKE MARY, FL 32746 US C104

ORLANDO, FL 32822

New Mailing Address: Current Mailing Address:

6250 HAZELTINE NATIONAL DRIVE 448 LAKE MARY DRIVE

C104 LAKE MARY, FL 32746 US C104, FL 32822 US

FEI Number: 04-3704952 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

WEST, DARREL WEST, DARREL D 448 LONG PINE DRIVE 6250 HAZELTINE NATIONAL DRIVE US

LAKE MARY, FL 32746 C104 ORLANDO, FL 32822 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: DARREL D. WEST 09/27/2007

> 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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition BLUDWORTH, KERRY BLUDWORTH, KERRY Name: Name:

6250 HAZELTINE NATIONAL DRIVE, SUITE C104 Address: 448 LONG PINE DRIVE Address: City-St-Zip: ORLANDO, FL 32822 US City-St-Zip: LAKE MARY, FL 32746 US

Title: () Delete Title: VΡ () Change (X) Addition

Name: Name: PATEL, ANIL

Address: Address: 448 LONG PINE DRIVE LAKE MARY, FL 32746 US City-St-Zip: 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: KERRY C. BLUDWORTH **PRES** 09/27/2007