1082

2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED
08 JUL 23 PM 1:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P06000150045

1. Entity Name
CENTURY PAYMENT ADVISORS, INC.

Principal Place of Business	Mailing Address
4400 NORTH FEDERAL HIGHWAY LIGHTHOUSE POINT, FL 33064	4400 NORTH FEDERAL HIGHWAY LIGHTHOUSE POINT, FL 33064

REINSTATEMENT 07-08
072208[illegible] CR2E0[illegible]

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
		c/o James P. Wehrle, CPA	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 1170 Chili Avenue	
City & State		City & State Rochester, NY	
Zip	Country	Zip 14624	Country USA

4. FEI Number: 20-8211820 ☐ 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
WITES, MARC A 4400 NORTH FEDERAL HIGHWAY LIGHTHOUSE POINT, FL 33064	Name Street Address (P.O. Box Number is Not Acceptable) 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] 7/22/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $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 / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: P/D Robert S. Wechsler 6479 Bluffview Drive Frisco, TX 75034	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: S/T/D Dale E. Frazier 9497 Sara Gulch Circle Parker, CO 80138	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: [signature] Robert S. Wechsler 7/18/08 972-741-5255
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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To:
Division of Corporations
Fax Number : (850)617-6384

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Account Name : INCORPORATING SERVICES FL
Account Number : I20050000052
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Fax Number : (866)223-0765

CORPORATION REINSTATEMENT

CENTURY PAYMENT ADVISORS, INC.

Certificate of Status		0
Certified Copy		0
Page Count		01
Estimated Charge	$300.00	~~$900.00~~

See attached client did not receive notice.

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