PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

15 DEC 15 PM 3:09

CR2E081 (11/10)

DOCUMENT # P14000022573

1. Corporation Name

FINTEC PAYMENT SOLUTIONS, INC.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
76414 Overseas Hwy.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Islamorada, Florida	City & State
Zip: 33036 Country: US	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: 03/11-2014

5. FEI Number: None — 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: C. Christian Sautter

Street Address (P.O. Box Number is Not Acceptable): 2850 North Andrews Ave.

Suite, Apt. #, Etc.:

City: Wilton Manors State: FL Zip Code: 33311

000280090580

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: C Christian Sautter Date: 12-14-2015

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
D/P/T	Bill B. Blakey	76414 Overseas Hwy.	Islamorada, Florida 33036

REINSTATEMENT

DEC 15 2015

R. HUNT

10. E-mail Address: C.Sautter@SeiSav.net
(To be used for future annual report notification)

11. I certify that I am an officer or director of 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., and that all fees owed by the corporation have been paid. I further certify the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: Bill Blakey — 12/14/15 — 561-351-7167

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallhassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 912363 98373A

AUTHORIZATION :

COST LIMIT : $ 750.00

ORDER DATE : December 15, 2015

ORDER TIME : 12:21 PM

ORDER NO. : 912363-005

CUSTOMER NO: 98373A

DOMESTIC FILINGS

NAME: FINTEC PAYMENT SOLUTIONS, INC.

RECEIVED
15 DEC 15 PM 2:05
DEPARTMENT OF STATE
NOT AUTHORIZED TO ACKNOWLEDGE SUFFICIENCY OF FILING

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams - Ext# 62935 DEC 15 2015

EXAMINER'S INITIALS R. HUNT