

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

FLORIDA DEPARTMENT OF STATE

FILED

REINSTATEMENT



Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

02 OCT 24 PM 3:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000003574

1. Corporation Name

BANCARD PAYMENT SYSTEMS, INC

Principal Place of Business

Mailing Address

2900 14TH ST. N

2900 14TH ST. N

4
NAPLES FL 34103
US

4
NAPLES FL 34103
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

01/07/1994

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0456783

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	BENJAMIN, ALAN	226 BELVILLE BLVD	NAPLES FL 34104
		8177 SANATOGA DR #1002	NAPLES FL 34102

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BENJAMIN, ALAN
226 BELVILLE BLVD
NAPLES FL 34104

Name

BENJAMIN, ALAN

Street Address (P.O. Box Number is Not Acceptable)

8177 SANATOGA DR #1002

Suite, Apt. #, Etc.

1002

City

NAPLES

State

FL

Zip Code

34102

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10/21/02

11. 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 under section 119.07(3)(i), 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 REQUIRED

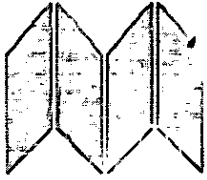
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/21/02 (941) 263-4428

CR2040 (8/02)



M E R I D I A N
P A Y M E N T S Y S T E M S

2900 14th Street North, Suite 52
Naples, Florida 34103
tel: 941 263 4428
fax: 941 263 7731
e-mail: nfn03747@naples.net

Oct. 22. 2002

Enclosed please find our application for reinstatement and our check for \$150.

We have always renewed on time. This year we did not get the renewal application. I believe the reason was that we had changed our suite from 52 to 4, and a lot of our mail never was received.

Thank you,

Alan Benjamin