PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

AND FILED
01 JUN -6 PM 4:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000061747

1. Corporation Name
RELIABLE MERCHANT SERVICES INC.

500004416835---4
-06/13/01--01009--008
***1208.75 ***1208.75

2. Principal Office Address	3. Mailing Office Address
800 STATE Rt. 126	800 STATE Rt. 126
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Plainfield Illinois	City & State: Plainfield Illinois
Zip: 60544 Country: will	Zip: 60544 Country: will

4. Date Incorporated or Qualified To Do Business in Florida: 7-11-97

5. FEI Number: 593463169 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

7. Name and Address of Current Registered Agent

Name: Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable): 1201 Hays Street

500004416835---4
-06/13/01--01009--008
***1208.75 ***169.25

Suite, Apt. #, Etc.

City: Tallahassee | State: FL | Zip Code: 32301

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: as its agent BRIAN COURTNEY, ASST V.P. Date: 6/6/01
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
President	BYRON NEWBERRY	11650 MARATHON LANE	Plainfield Ill. 60544
Vice Pres	Rebecca Newberry	11650 MARATHON LANE	Plainfield Ill. 60544
	1050.00 - Adm		
	61.25 - AR	REINSTATEMENT 98-01	
	98.75 - ARSUPP		
	8.75 - CERT		MW

10. 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: Byron Newberry BYRON NEWBERRY 6-5 815-436-8259
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

THE UNITED STATES CORPORATION COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 175920 7274453

AUTHORIZATION :

COST LIMIT : $ PPD

ORDER DATE : June 6, 2001

ORDER TIME : 12:18 PM

ORDER NO. : 175920-005

CUSTOMER NO: 7274453

CUSTOMER: Mr. Byron Newberry
Reliable Merchant Services,
800 State Rt 126

Plainfield, IL 60544

RECEIVED
2001 JUN -6 PM 12:55
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

ACKNOWLEDGED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

DOMESTIC FILINGS

NAME: RELIABLE MERCHANT SERVICES, INC.

XX___ REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX_____ PLAIN STAMPED COPY
XX_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight EXT: 1156
EXAMINER'S INITIALS M.W