PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR 94[illegible]

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

FILED
99 OCT 14 AM 11:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000017485

1. Corporation Name
SOUTH EAST CARD SERVICES, INC.

Principal Place of Business | Mailing Address

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

2. New Principal Office Address, If Applicable
4046 EASTRIDGE DRIVE
Suite, Apt. #, etc.
City & State
POMPANO BEACH, FL
Zip 33064 Country USA

3. New Mailing Office Address, If Applicable
4046 EASTRIDGE DRIVE
Suite, Apt. #, etc.
City & State
POMPANO BEACH, FL
Zip 33064 Country USA

4. Date Incorporated or Qualified To Do Business in Florida 2/23/98

5. FEI Number 65-0813536 ☐ Applied For ☐ Not Applicable

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
Pres	JAMES R. STUDLE	4046 EASTRIDGE DRIVE	POMPANO BEACH, FL 33064
VP	Felipe Synalovski	18051 BISCAYNE BLVD #505	AVENTURA, FL 33160
			400003022864--3 -10/22/99--01106--003 ****150.00 ****150.00
		99AR TS	

8. Name and Address of Current Registered Agent

JAMES R. STUDLE

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable) 4046 EASTRIDGE DRIVE
Suite, Apt. #, Etc.
City POMPANO BEACH State FL Zip Code 33064

CR2E081 (12/98)

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.

Signature of Registered Agent [signature] REGISTERED AGENT MUST SIGN Date 10/8/99

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes ☐ No ☒ (See other side for information on intangible tax.)

12. 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] JAMES R. STUDLE 10/8/99 954-788-7104
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

October 8, 1999

Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Dear Sir or Madam:

Enclosed please find an application for reinstatement for South East Card Services, Inc. I did not receive a notice of annual report, apparently, because my forwarding from my old address, 2105 N. Park Road, Hollywood, FL 33021, had expired. Please waive the additional fees for reinstatement and record my new address for future reference. I apologize for any inconvenience. I was told by the representative I contacted that the correct amount to pay is $150.00. I have enclosed a check in that amount.

Thank you for your consideration.

Very truly yours,

James R. Studle
4046 Eastridge Drive
Pompano Beach, Florida 33064

Enclosure

1313 S. Military Trail, #133, Deerfield Beach, Florida 33442 (954) 788-7104, (954) 788-7102 fax