

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 16 PM 1:41

DOCUMENT # P98000025048

1. Corporation Name

DIRECT BANK CARD PROCESSING, INC.

Principal Place of Business

Mailing Address

7730 CEDRO COURT
LAKE WORTH FL 33467

7730 CEDRO COURT
LAKE WORTH FL 33467



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

03/17/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0820586

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
D	CATHCART, THOMAS J	7730 CEDRO COURT	LAKE WORTH FL 33467

100003440401--1
-10/26/00--01054--010
****150.00****150.00

10/20

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MERLO, ANDREW
2101 CORPORATE BLVD STE 325
BOCA RATON FL 33431

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

REGISTERED AGENT MUST SIGN

Date

10/12/00

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/12/00

Date

(561) 641 6083

Daytime Phone #

CR2E040 (8/00)



DIRECT BANKCARD PROCESSING

10/12/00

Direct BankCard Processing Corporation
4020 South 57th Ave. #204
Lake Worth, FL. 33463

Division of Corporations
P.O. Box 6327
Tallahassee, Fl. 32314-6327

RE: Explanation of enclosed documents

To whom it may concern:

After receiving notice of reinstatement of my corporation I immediately called and spoke with your representative (Krista). She informed me that your office had not processed my annual corporate report. I sent that application to you April 20th of this year accompanied with check #1407. I called my bank to check if that check has cleared my account, it has not. As per my conversation with Krista, she mentioned that this happens some times and to write a short letter and resubmit my annual report by signing the reinstatement application and sending in a new check for the \$150.00. Enclosed you will find those items.

PS. Thank You

Sincerely,

A handwritten signature in black ink, appearing to read "Thomas J. Cathcart", is written over a horizontal line. The signature is stylized with loops and a long horizontal stroke at the end.

Thomas J. Cathcart
President,
Direct BankCard Processing, Inc.

THE COMPANY DEDICATED TO YOUR SUCCESS

PHONE # (561)641-6083 FAX # (561)641-6681