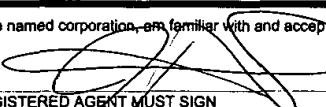
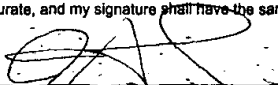


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 1. Corporation Name P99 000004200 Advanced Merchant Services, Inc.			
2. Principal Office Address 155-11 Blanding Blvd. Suite, Apt. #, etc.		3. Mailing Office Address 155-11 Blanding Blvd. Suite, Apt. #, etc.	
City & State Orange Park, FL Zip 32073 County Clay		City & State Orange Park, FL Zip 32073 County Clay	
4. Date Incorporated or Qualified To Do Business in Florida			
5. FEI Number 593564254		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 Jason Felts			
Street Address (P.O. Box Number is Not Acceptable) 155-11 Blanding Blvd.			
Suite, Apt. #, Etc.			
City Orange Park		State FL	Zip Code 32073
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 		Date 11-27-2001	
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
Pres	Jason Felts	155-11 Blanding Blvd.	Orange Park, FL 32073
V.Pres	Kelly Felts	155-11 Blanding Blvd.	Orange Park, FL 32073
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:  JASON FELTS 11/27/2001 904-272-9517			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #

FILED
01 NOV 28 AM 9:05
SECRETARY OF STATE
TALLAHASSEE FLORIDA

2000-01
WST

1002

CR25081 (9/00)

2012

Advanced Merchant Services, Inc.
155-11 Blanding Boulevard
Orange Park, Florida 32073

November 21, 2001

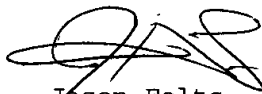
Florida Department of State
Division of Corporations

Attn: Corporate Reinstatement

To Whom it May Concern:

We are seeking reinstatement of our corporation and have enclosed the appropriate forms. In early 2000, we moved our new offices. We did not receive any annual business reports after we incorporated and did not intend for the corporation to be administratively dissolved. Thus, we are asking that your department accept the customary \$300.00 fee for reinstatement.

Sincerely,



Jason Felts
President