PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

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

DOCUMENT # P99 000004200

1. Corporation Name

Advanced Merchant Services, Inc.

2. Principal Office Address	**3.** Mailing Office Address
155-11 Blanding Blvd.	155-11 Blanding Blvd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Orange Park, FL	City & State: Orange Park, FL
Zip: 32073 Country: Clay	Zip: 32073 Country: 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

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****335.00 ****308.75

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 _____ REGISTERED AGENT MUST SIGN Date 11-27-2001

CR2E081 (9/00)

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 904-272-5517
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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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