

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV 18 AM 11:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000089051

1. Corporation Name

CARD SERVICES INTERNATIONAL OF CENTRAL FLORIDA,
INC.

Principal Place of Business

8028 OLD COUNTY RD 54
NEW PORT RICHEY FL 34653

Mailing Address

8028 OLD COUNTY RD 54
NEW PORT RICHEY FL 34653

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/08/1999

5. FEI Number

59-3618631

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	4 City / State / Zip
PVST	BETZ, JAMES	8028 OLD COUNTY RD 54	NEW PORT RICHEY FL 34653

8000000051198
11/18/02--01081--015 **158.75

8. Name and Address of Current Registered Agent

COVE, ANDREW N ESQ.
COVE & ASSOCIATES, P.A.
3801 HOLLYWOOD BOULEVARD, SUITE 100
HOLLYWOOD FL 33021

9. Name and Address of New Registered Agent

Name

JAMES BETZ

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

8028 Old County Road 54

Suite, Apt. #, Etc.

for

City

New Port Richey

State

FL

Zip Code

34653

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

11-10-02

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11-10-02

Daytime Phone # 732-3405-3255

CR2E040 (8/02)



Date: November 10, 2002

RE: Reinstatement for P99000089051

To Whom It May Concern:

I did not receive the two prior uniform business report notices. I had no idea that this company was administratively dissolved.

I am sending in my original filing fee of \$150.00 plus \$8.75 for a certificate of status.

Please reinstate Document # P99000089051 under original terms and conditions.

Thanking you in advance for your time and consideration in this matter,

James Betz,
President