

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. 192

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F97000000225

1. Corporation Name

TELEMANAGEMENT SERVICES, INC.

Principal Place of Business

Mailing Address

4950 COMMUNICATION AVE.
SUITE 300
BOCA RATON FL 33431

4950 COMMUNICATION AVE
SUITE 300
BOCA RATON FL 33431

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/14/1997

5. FEI Number

23-2871097

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
COBP	DINKINS, MICHAEL Shaukat Raslan	4950 COMMUNICATION AVE. SUITE 30	BOCA RATON FL 33431
D	HAMERSKI, JACK	4950 COMMUNICATION AVE. SUITE 30	BOCA RATON FL 33431
ST	LYEW, RICHARD	4950 COMMUNICATION AVE. SUITE 30	BOCA RATON FL 33431
O	SANCHEZ, MARY Guy Amato	4950 COMMUNICATION AVENUE, SUITE	BOCA RATON FL 33431

600027544426
02/12/04--01037--015 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SHAPIRO, KENNETH W
1776 N. PINE ISLAND ROAD SUITE 326
FT. LAUDERDALE FL 33322

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. or 617.0505, F.S.

Signature of
Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date

1/12/04

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

Date

1/8/04

Daytime Phone #

561 226 5000

CR20040 (7/03)

292

SHAPIRO SONTAG
LAWYERS

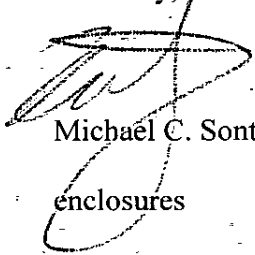
Division of Corporations
Annual Report/Reinstatement Section
PO Box 6327
Tallahassee, FL 32314-6327

Gentlemen:

Enclosed please find an Application for Reinstatement from my client, Telemanagement Services, Inc. along with a check for \$150.00, representing the annual report fee. Consistent with Florida policy we are requesting that the reinstatement fee be waived as notice was not sent to my client regarding the 2003 annual report.

If you have any questions or require additional documentation, please call.

Sincerely,



Michael C. Sontag

enclosures

cc: Richard Lyew (w/o enclosures)