1 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 JUN 25 AM 8:13
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # 308767

1. Corporation Name

DATA PROCESSING SERVICES, INC

REINSTATEMENT 03-04

300038240153
06/24/04--01057--002 **308.75

2. Principal Office Address	**3.** Mailing Office Address
19345 US HWY 19N.	~~1995~~ same
Suite, Apt. #, etc. suite 206	Suite, Apt. #, etc.
City & State CLEARWATER	City & State FL
Zip 33764 Country PINELLAS	Zip 33764 Country USA

4. Date Incorporated or Qualified To Do Business in Florida 09-02-66

5. FEI Number 59-1150316 ☐ 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: ERIC HOWE

Street Address (P.O. Box Number is Not Acceptable): 19345 US HWY 19N.

Suite, Apt. #, Etc.: #206

City: CLEARWATER State: FL Zip Code: 33764

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: [signature] Date: 6-23-4

REGISTERED AGENT MUST SIGN

CR2E081 (01/04)

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
TSD	ANITA C. SMALL	19345 US HWY 19N. SUITE 206	CLEARWATER, FL 33764
D	WILLIAM P. LYNCH	19345 US HWY 19 N. SUITE 206	CLEARWATER, FL 33764
PD	ERIC HOWE	19345 US HWY 19 N. SUITE 206	CLEARWATER, FL 33764

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: [signature] 6/23/04 (727) 532-9481

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Data Processing Services, Inc

19345 US Hwy 19 N, Suite 206
Clearwater, Florida 33764

"An Employee owned company"

Phone: 727/532-9481
FAX: 727/532-9723
e-mail: dps@godps.com

June 23, 2004

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

Enclosed you will find our form for Corporation Reinstatement and a check for $308.75 to cover the Annual Report fee for the year 2003 & 2004 ($300.), plus $8.75 for a Certificate of Status.

This fee was not previously paid, as we never received the forms to fill out. Our current address was not corrected until July of 2003.

According to Ruby at your office, the $600.00 reinstatement fee will be waived since we never received the forms since moving to our new offices in late 2002.

Sincerely yours,

Eric Howe
President

EH/acs