

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 308767

FILED
Oct 11, 2005
Secretary of State

Entity Name: DATA PROCESSING SERVICES, INC.

Current Principal Place of Business:

19345 U.S. HWY. 19 N., STE. 206
CLEARWATER, FL 33764 US

New Principal Place of Business:

Current Mailing Address:

19345 U.S. HWY. 19 N., STE. 206
CLEARWATER, FL 33764 US

New Mailing Address:

FEI Number: 59-1150316

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOWE, ERIC H
19345 U.S. HWY. 19 N., STE. 206
CLEARWATER, FL 33764 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: ERIC HOWE

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: TSD () Delete
Name: SMALL, ANITA C.,
Address: 19345 U.S. HWY. 19 N., STE. 206
City-St-Zip: CLEARWATER, FL 33764 US

Title: D () Delete
Name: LYNCH, WILLIAM P
Address: 19345 U.S. HWY. 19 N., STE. 206
City-St-Zip: CLEARWATER, FL 33764 US

Title: PD () Delete
Name: HOWE, ERIC
Address: 19345 U.S. HWY. 19 N., STE. 206
City-St-Zip: CLEARWATER, FL 33764 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANITA C. SMALL

TSD

10/11/2005

Electronic Signature of Signing Officer or Director

Date