

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
Sandra R. Horman
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 96097AR

1. Corporation Name
DIRECT MAIL SERVICES, INC.
5132 N. FLORIDA AVE.
TAMPA, FL 33603

Principal Place of Business Mailing Address
5132 N. FLORIDA AVE.
TAMPA, FL 33603

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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		April 1 1980	
City & State		City & State		5. FEI Number	
Zip		Country		59-1999946	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
Pres.	HARRY L. HUMPHREY	1208 E. POWHATAN AVE.	TAMPA, FL 33604
Se/TR	MARY L. HUMPHREY	1208 E. POWHATAN Ave.	TAMPA, FL 33604

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
HARRY L. HUMPHREY 1208 E. POWHATAN AVE. TAMPA, FL 33604		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code FL	

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.

Signature of Registered Agent *Harry L. Humphrey* Date SEPT. 8, 1997

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐ (See other side for information on intangible tax.)

12. 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: HARRY L. HUMPHREY, PRES *Harry L. Humphrey* Date 9/8/97 8/3-237 1321