PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FILED

02 OCT 10 PM 3:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F44149

1. Corporation Name
DIRECT TRANSFER SERVICE

2. Principal Office Address	3. Mailing Office Address
1566 NW 1ST AVE	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc. "
City & State: BOCA RATON, FL	City & State "
Zip: 33432 Country: USA	Zip " Country

4. Date Incorporated or Qualified To Do Business in Florida: SEPT 10 1981

5. FEI Number: 59-2215498 Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: JOHN P. SEILER, ESQ.
Street Address (P.O. Box Number is not acceptable): 2900 EAST OAKLAND PARK BLVD.
Suite, Apt. #, etc.: SUITE # 200
City: FT. LAUDERDALE State: FL Zip Code: 33306

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: JOHN P. SEILER
REGISTERED AGENT MUST SIGN
Date: 10/07/02

CR2E041 (5/01)

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRES	LOUISA ZAVALETTA	4252 FOX TRACE	BOYNTON BEACH, FL 33436

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. This information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: Louisa Zavaletta, President 10/7/02 561 368 1624
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

JL 10/10/02

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