

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

08 FEB 21 PM 4:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2-21-08

DOCUMENT # F95000003713

1. Corporation Name

Cost Management Services, Inc.

2. Principal Office Address - No P.O. Box #

1211 N. Westshore Blvd.

Suite, Apt. #, etc.

Suite 607

City & State

Tampa, Florida

Zip

33607

Country

USA

3. Mailing Office Address

RR 6 Box 6581

Suite, Apt. #, etc.

City & State

Moscow, PA

Zip

18444

Country

USA

REINSTATEMENT

4. Date incorporated or Qualified

To Do Business in Florida 08/01/1995

5. FEI Number

23-2664043

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

Chris B. Patton

Street Address (P.O. Box Number is Not Acceptable)

1211 N. Westshore Blvd.

Suite, Apt. #, Etc.

Suite 607

City

Tampa

State

FL

Zip Code

33607

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

REGISTERED AGENT MUST SIGN

Date

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
P	James A. Durkin	1402 Sierra Vista PL	Boulder City, NV 89005
V	Martin Sacks	2 Shawnee CT	Medford, NJ 08055

400118545814
02/21/08--01030--003 **750.00

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 contained in Chapter 119, 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:

James A. Durkin

James A. Durkin

2/13/08

570-842-5544

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #