

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

02 NOV -4 PM 1:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F96000004268

1. Corporation Name

MEMBER SERVICES INCORPORATED OF NC

Principal Place of Business

20476-A CHARTWELL CENTER DRIVE
CORNELIUS NC 28031

Mailing Address

20476-A CHARTWELL CENTER DRIVE
CORNELIUS NC 28031

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/21/1996

5. FEI Number

56-1916827

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	BANKS, ROGER D	834 SOUTHWEST DR	DAVIDSON NC 28026
V	BANKS, AARON	834 SOUTHWEST DR	DAVIDSON NC 28026
S	BANKS, VIRGINIA	834 SOUTHWEST DR	DAVIDSON NC 28026

8. Name and Address of Current Registered Agent

BANKS, ROGER
2100 HWY A1A
INDIAN HARBOUR BEACH FL 32937

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

CR2E040 (8/02)

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. or 617.0505, F.S.

Signature of
Registered Agent

Roger D Banks
REGISTERED AGENT MUST SIGN

Date

10-31-02

11. 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:

SIG R D BANKS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-31-02

Daytime Phone #

MEMBER SERVICES, INC. OF NC
20476-A CHARTWELL CNTR DR.
CORNELIUS, N.C. 28031

10-31-2002

FLORIDA DEPT OF STATE
ANNUAL REPORT/REINSTATEMENT
PO BOX 6327
TALLAHASSEE, FL. 32314-6327

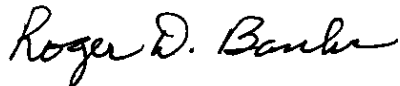
DEAR SIRs:

WE FEEL THAT OUR ANNUAL REPORT FOR THE 2002 YEAR HAS CROSSED
IN THE MAIL. WE WOULD LIKE OUR CORPORATION TO BE RETURNED TO
THE ACTIVE STATUS. WE HAVE NO RECORDS OF RECEIVING THE UBR
NOTICES.

THE CORPORATION DOCUMENT NUMBER IS F96000004268.

THANK YOU FOR YOUR PROMPT ATTENTION TO THIS MATTER.

SINCERELY,

A handwritten signature in cursive script that reads "Roger D. Banks".

ROGER D. BANKS
PRESIDENT