PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. 1 of 2

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 FEB -6 AM 8:00

REINSTATEMENT 03-04

DOCUMENT # F97000000225

1. Corporation Name

TELEMANAGEMENT SERVICES, INC.

Principal Place of Business	Mailing Address
4950 COMMUNICATION AVE. SUITE 300 BOCA RATON FL 33431	4950 COMMUNICATION AVE SUITE 300 BOCA RATON FL 33431

600027544426
01/26/04--01012--008 **150.00 MRS

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: 01/14/1997

5. FEI Number: 23-2871097 ☐ 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
COBP	~~DINKINS, MICHAEL~~ Shawkat Raslan	4950 COMMUNICATION AVE. SUITE 30	BOCA RATON FL 33431
D	HAMERSKI, JACK	4950 COMMUNICATION AVE. SUITE 30	BOCA RATON FL 33431
ST	LYEW, RICHARD	4950 COMMUNICATION AVE. SUITE 30	BOCA RATON FL 33431
O	~~SANCHEZ, MARY~~ Guy Amato	4950 COMMUNICATION AVENUE, SUITE	BOCA RATON FL 33431
		600027544426 02/12/04--01037--015 **150.00	

8. Name and Address of Current Registered Agent

SHAPIRO, KENNETH W
1776 N. PINE ISLAND ROAD SUITE 326
FT. LAUDERDALE FL 33322

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 (7/03)

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: _____ Date: 1/12/04
REGISTERED AGENT MUST SIGN

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: _____ 1/8/04 561 226 5000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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SHAPIRO SONTAG
LAWYERS

Division of Corporations
Annual Report/Reinstatement Section
PO Box 6327
Tallahassee, FL 32314-6327

Gentlemen:

Enclosed please find an Application for Reinstatement from my client, Telemanagement Services, Inc. along with a check for $150.00, representing the annual report fee. Consistent with Florida policy we are requesting that the reinstatement fee be waived as notice was not sent to my client regarding the 2003 annual report.

If you have any questions or require additional documentation, please call.

Sincerely,

Michael C. Sontag

enclosures

cc: Richard Lyew (w/o enclosures)

1776 North Pine Island Road, Suite 326 • Fort Lauderdale, Florida 33322
Phone: 954-382-0088 • Fax: 954-382-9008 • Internet: www.lawshapiro.com