

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. 192

APPLICATION  
FOR  
REINSTATEMENT



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

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

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)

| 1<br>Title(s) | 2<br>Name of Officers<br>and/or Directors     | 3<br>Street Address of Each<br>Officer and/or Director | 4<br>City / State / Zip |
|---------------|-----------------------------------------------|--------------------------------------------------------|-------------------------|
| COBP          | <del>DINKINS, MICHAEL</del><br>Shaukat 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             | <del>SANCHEZ, MARY</del><br>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

9. Name and Address of New Registered Agent

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

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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

REGISTERED AGENT MUST SIGN

Date

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 FEB -6 AM 8:00

REINSTATEMENT

03-04



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

MRS

CR2E040 (7/03)

292

SHAPIRO SONTAG  
LAWYERS

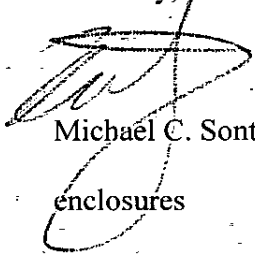
Division of Corporations  
Annual Report/Reinstatement Section  
PO Box 6327  
Tallahassee, FL 32314-6327

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)