

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 DEC 27 PM 3: 31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **G86031**

1. Corporation Name

Dms Electronic Service Corporation

2. Principal Office Address

16045 NW 57 Ave

Suite, Apt. #, etc.

City & State

miami Gardens, FL

Zip

33014

Country

USA

3. Mailing Office Address

16045 NW 57 Ave

Suite, Apt. #, etc.

City & State

miami Gardens, FL

Zip

33014

Country

USA

REINSTATEMENT 03-04

**4. Date Incorporated or Qualified
To Do Business in Florida**

Feb. 14, 1984

5. FEI Number

592413272

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

Donald Scott

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

18152 SW 25 Street

Suite, Apt. #, Etc.

City

miramar

State

FL

Zip Code

33029

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

[Signature]
REGISTERED AGENT MUST SIGN

Date **12/22/2004**

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	Donald M. Scott	18152 SW 25 ST	Miramar, FL 33029
Sec	Marilyn Scott	18152 SW 25 ST	Miramar, FL 33029

6100043651066
12/27/04--01083--009 **900.00

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 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/22/2004 (305) 625-8200

Daytime Phone #