PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

APPROVED AND FILED
1997 APR 30 AM 9: 42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H04186

1. Corporation Name

GOVERNMENT PROGRAMS SERVICES, INC.

Mailing Address | Principal Place of Business

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

DO NOT WRITE IN THIS SPACE

2. New Mailing Address, If Applicable	3. New Principal Office Address, If Applicable
1100 S. 1st Street, #604	1100 S. 1st Street, #604
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Lake City, Florida	City & State: Lake City, Florida
Zip: 32035 Country: Suwannee	Zip: 32035 Country: Suwannee

4. Date Incorporated or Qualified To Do Business in Florida: 05/18/84

5. FEI Number: 11-2714790 ☐ 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 (Do NOT Use Post Office Box Numbers) 3	City State Zip 4
P/D	Frank Brown	1100 S. 1st Street, #604	Lake City, Florida 32035
			000002169540---8 -05/07/97--01066--013 ***1575.00 ***1575.00
			REINSTATEMENT 9292 5/26/97

8. Name and Address of Current Registered Agent

WILLIAM D. BRINTON, ESQ.
One Independent Drive, Suite 3200
Jacksonville, Florida 32202

9. Name and Address of New Registered Agent

Name: ALLEN, BRINTON & SIMMONS, P.A.
Street Address (P.O. Box Number is Not Acceptable): One Independent Drive
Suite, Apt. #, Etc.: Suite 3200
City: Jacksonville State: FL Zip Code: 32202

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.

Signature of Registered Agent: [signature], VICE PRESIDENT Date: April 9, 1997
REGISTERED AGENT MUST SIGN

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒ (See other side for information on intangible tax.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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] Frank Brown 4/14/97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR