

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 OCT -9 AM 10:33

DOCUMENT # L20945

1. Corporation Name

CARD MARKETING SERVICES, INC.

800004638998--9

-10/17/01--01010--024

\*\*\*\*\*10.00 \*\*\*\*\*10.00

2. Principal Office Address

5100 W. COPANS Rd.

Suite, Apt. #, etc.

#300

City & State

MARGATE, FL

Zip

33063

Country

BROWARD

3. Mailing Office Address

5100 W. COPANS Rd.

Suite, Apt. #, etc.

#300

City & State

MARGATE, FL

Zip

33063

Country

BROWARD

REINSTATEMENT 95-01

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

650182599

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

PAUL Stevens

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

5100 W. COPANS Rd.

Suite, Apt. #, Etc.

#300

City

MARGATE

800004638998--9

-10/17/01--01010--020

\*\*\*150.00 \*\*\*150.00

800004638998--9

-10/17/01--01010--021

\*\*\*500.00 \*\*\*500.00

State Zip Code

FL

33063

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

P Stevens

Date 10/8/01

REGISTERED AGENT MUST SIGN

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
PRESIDENT	PAUL Stevens	5100 W. COPANS Rd.	MARGATE, FL 33063
			800004638998--9 -10/17/01--01010--022 *****500.00 *****500.00
			800004638998--9 -10/17/01--01010--025 *****8.75 *****8.75
			800004638998--9 -10/17/01--01010--023 *****500.00 *****500.00

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:

P Stevens - PAUL STEVENS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/8/01 (954) 422 7601

Date

Daytime Phone #

CR2E081 (9/00)