

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1022

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Kathleen Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 DEC 28 PM 4:00

DOCUMENT # P00000019584

1. Corporation Name

Management Advisory Services, Inc.

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-01/18/02--01072--004

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

2. Principal Office Address

1601 Cypress Pointe Drive

Suite, Apt. #, etc.

City & State

Coral Springs, FLA.

Zip

33071

Country

USA

3. Mailing Office Address

PO BOX 9172

Suite, Apt. #, etc.

City & State

Coral Springs, FLA.

Zip

(FL) 33075

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

2/2000

5. FEI Number

FEDTAX ID 65-1601575

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

SAME

Street

GAULKIN, JOEL M.  
4627 PONCE DE LEON BLVD

Suite

CORAL GABLES, FL 33146 US

City

State

FL

Zip Code

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

N/A - no changes

Date

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
Pres.	Michael L. Sharf	1601 Cypress Pointe Drive	Coral Springs, FLA. 33071

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:

*[Handwritten Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/27/2001

Date

(954) 609-7271

Daytime Phone #

-2-

**Management Advisory Services, Inc.**  
Small Business Consultants

P.O. Box 9172 • Coral Springs, FL. 33075  
Ph: (954) 609-7271 • Fax: (954) 827-0229

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**DATE:** December 27, 2001  
**TO:** STATE OF FLORIDA, DEPT. OF STATE  
**ATTN.:** *Division of Corporations*  
**FROM:** MICHAEL L. SHARF  
**RE:** *Uniform Business Report*

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**pages:**

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*(including cover page)*

To Whom It May Concern:

As per my telephone discussion of this morning with your Office (Ms. Michelle Milligan), enclosed please find the following:

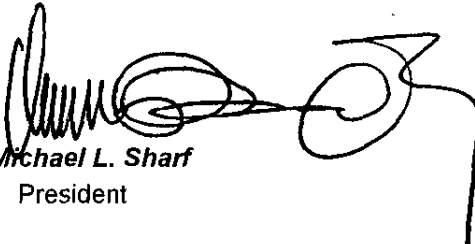
- 1) Uniform Business Report (UBR) for Management Advisory Services, Inc.
- 2) Corporation Reinstatement Form for Management Advisory Services, Inc.
- 3) Check for \$150 covering the annual Uniform Business Report filing fee.

Please note that our Company did not receive the original application and discovered this oversight after meeting with our legal and accounting firm for year-end corporate and tax matters this morning.

We immediately called your office and spoke to Ms. Milligan who advised me to download the above referenced forms from your website, complete and mail/courier them back along with our \$150 check for filing.

Thanking you again for your assistance and cooperation, I remain,

Sincerely yours

  
**Michael L. Sharf**  
President

cc: Joel Gaulkin, Esq. (Registered Agent)