

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 OCT 12 AM 10:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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10/12/04--01044--014 \*\*158.75

DOCUMENT # P00000028552

**1. Corporation Name**

Direct Media Services Corporation

4725 North Lois Avenue

4725 North Lois Avenue

**2. Principal Office Address**

4725 North Lois Avenue

**3. Mailing Office Address**

4725 North Lois Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tampa; Florida

City & State

Tampa; Florida

Zip

33614

Country

USA

Zip

33614

Country

USA

**4. Date Incorporated or Qualified**

To Do Business in Florida 03/14/2000

**5. FEI Number**

59-3655477

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

Byron Lancaster

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

4725 North Lois Avenue

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33614

**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

*Byron Lancaster*

Date 10/04/2004

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
P	Byron Lancaster	4725 North Lois Avenue	Tampa, Florida, 33614

**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:

*Byron Lancaster*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/04/2004

Date

813-240-8866

Daytime Phone #

CR2001 (01/04)

# ***Direct Media Services Corporation***

October 4, 2004

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Dear Sir,

I am writing to inform you that although the address is correct for both my Registered Agent and myself we did not receive our Uniform Business Report. I am requesting that you reinstate my corporation with the enclosed form and payment. Please send a copy to the listed address.

If you have any questions please feel free to call me at 813-240-8866.

Thank You



Byron Lancaster  
President  
Direct Media Services Corp.