

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

pg 10.82

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 APR 20 AM 10:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000028552

1. Corporation Name

Direct Media Services Corporation

REINSTATEMENT 05-06

2. Principal Office Address

13907 N. Dale Mabry Hwy

3. Mailing Office Address

Same

Suite, Apt., etc.

#206

Suite, Apt., etc.

City & State

Tampa, Florida

City & State

Zip

33618

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/05/1993

5. FEI Number

593655477

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

400074056124

05/05/06--01019--024 **150.00

CR2E081-(12/05)

7. Name and Address of Current Registered Agent

Name

Byron Lancaster

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

13907 North Dale Mabry Highway

Suite, Apt., Etc.

206

City

Tampa

State

FL

Zip Code

33618

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

REGISTERED AGENT MUST SIGN

Date 3/24/2006

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
D	Byron Lancaster	13907 N. Dale Marby Hwy	Tampa, FL, 33618
D	J.B. Seligman	13907 N. Dale Marby Hwy	Tampa, FL, 33618

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 contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/2006

Date

813-240-8866

Daytime Phone #

PG 20F2

Direct Media Services Corporation

March 24, 2006

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

Dear Sirs,

It has come to our notice that we never received the states annual report form. We do not understand why we have not. We moved last year and have submitted change of address forms to everyone. Upon realizing that we had not made our annual report; I went to the web and printed out the correct form and am express mailing it to you with the annual fee. I have provided our new address on the form. If there are any questions our additional requirements please feel free to contact me at 813-240-8866. Thank you in advance for your help.

Sincerely,



Byron Lancaster
President