

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P00000028552**

1. Corporation Name

**DIRECT MEDIA SERVICES CORPORATION**

Principal Place of Business

4725 N LOIS AVE  
TAMPA FL 33614

Mailing Address

4725 N LOIS AVE  
TAMPA FL 33614

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

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. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	LANCASTER, BYRON	4725 N LOIS AVE	TAMPA FL 33614
D	SELIGMAN, BYRON	4725 N LOIS AVE	TAMPA FL 33614

**600024517756**

**11/07/03--01085--002 \*\*150.00**

8. Name and Address of Current Registered Agent

LANCASTER, BYRON  
4725 N LOIS AVE  
TAMPA FL 33614

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
**FL**

Zip Code

CR2E040 (7/03)

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. or 617.0505, F.S.

Signature of  
Registered Agent

**SIGNATURE REQUIRED**

Date

REGISTERED AGENT MUST SIGN

11. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**BYRON LANCASTER 11-6-03 813-290-8866**

# ***DIRECT MEDIA SERVICES, INC.***

4725 NORTH LOIS AVENUE — TAMPA — FLORIDA — 33614

877-872-9777 — FAX: 813-872-9770

NOVEMBER 6, 2003

DIVISION OF CORPORATIONS  
409 EAST GAINES STREET  
TALLAHASSEE, FL 32399

DEAR SIRs,

THIS IS A REQUEST TO REINSTATE OUR CORPORATE CHARTER. WE RECEIVED NO NOTICE TO FILE BEFORE RECEIVING THE NOTICE OF DISSOLUTION. I HAVE INCLUDED PAYMENT FOR FILING AND HOPE THIS WILL TAKE CARE OF THE PROBLEM. IF YOU SHOULD HAVE ANY QUESTIONS PLEASE FEEL FREE TO CALL ME AT 813-240-8866 OR EMAIL ME AT B@ATY.COM.

THANK YOU



BYRON LANCASTER  
PRESIDENT  
DIRECT MEDIA SERVICES, INC.

