PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FILED WIT FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State DIVISION OF CORPORATIONS 03 FEB 11 PH 2: 26 1. Corporation Name DEALERS CONTRACT SERVIES, INC. Principal Place of Business Mailing Address a 401 NW JUANITA COURT 401 NW JUANITA COURT CAPE CORAL FL 33993 CAPE CORAL FL 33993 If above addresses are incorrect in any way, line through incorrect information and enter correction below 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable Date Incorporated or Qualified To Do Business in Florida 06/01/2000 Suite, Apt. #, etc. Suite, Apt. #, etc. <u>609</u> 22NA 57. 5. FEI Number Applied For 65-1013414 City & State Not Applicable \$8.75 Additional Fee required CERTIFICATE OF STATUS DESIRED 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) Name of Officers Street Address of Each Title(s) City / State / Zip and/or Directors Officer and/or Director PD BEVELLE, DONALD S 401'NW JUANITA COURT CAPE CORAL FL 33909 SD BEVELLE, CARISSA K **401 NW JUANITA COURT** CAPE CORAL FL 33909 609 S.E. 22NP ST. 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent BEVELLE, DONALD S **401 NW JUANITA COURT** MEN ADDICESS CAPE CORAL FL 33993 Zip Code 23990 10. I, being appointed the registered agent of the above named conforation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S. Date 1/-15-02 Signature of Registered Agent REGISTERED AGEN 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 filling 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 11-15-02 340-4918 SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

Zell Dependmen of INC corporations To whom it may concern. I am trying to Reinstale my Company,

I have had a very hand time doing So Between

not becieving the proper paper work, moving and going through

family troubles - It has been hand.

I sent intioo. as and the lady at your Business So tend called Back and The Sand to Dend Send #550.00 a So I called Back on 12-27 02

and to left told me to just wait and Send
it all together 550.00 plus 150.00 for 2003 if this
is o.k., please accept my apology for any incommissed fair caused, I am sorry, eventually thing will get

Better for me series out 11th my Business has suffered—
greatly as we all have. Thankyow very much Dealers Contract Service Tro (239) 94T 340-4918 (239) 433-0126