

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

02 DEC 20 AM 10:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PO1000064697

1. Corporation Name

Document Management & Support, Inc.

2. Principal Office Address

3333 San Jose ST

Suite, Apt. #, etc.

City & State

Clearwater FL

Zip

33759

Country

3. Mailing Office Address

PO Box 20094

Suite, Apt. #, etc.

City & State

Tampa FL

Zip

33622-0094

Country

4. Date Incorporated or Qualified
To Do Business in Florida

6-28-2001

5. FEI Number

59-3731001

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

~~File Corp~~ Stephen Ayoub

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

~~200 Tampa St~~ 3333 San Jose ST

Suite, Apt. #, Etc.

City

Tampa Clearwater

State
FL

Zip Code

33759

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 12/17/02

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
<u>Pres</u>	<u>P Stephen Ayoub</u>	<u>D 3333 San Jose ST</u>	<u>Clearwater FL 33759</u>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]
Pres.
STEPHEN AYOUB

12/17/02

Date

813-259-9444

Daytime Phone #

CR2001 (9/01)



VIA AIRBOURNE EXPRESS

Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

December 18, 2002

RE Reinstate Corp # PO1000064697

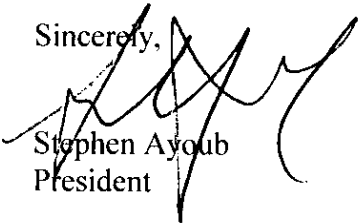
To Whom It May Concern:

Enclosed, please find our reinstatement application alone with our payment for \$150. Also enclosed, please find a copy of our dissolution notice (front and back) showing, that was just received, showing that the post office forwarded to our new address.

The Company never received any prior notice during our transition to our new location. We have encountered several other problems receiving mail resulting from mail being delivered to the old office building and never being forwarded to us.

Thank you for your attention to this matter and please reinstate the Company ASAP. Happy Holidays.

Sincerely,


Stephen Ayoub
President

1200 West Cass St.

Tampa, FL 33606

813/259/9444

Fax 813/259/9399

800/313/SCAN(7226)