

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P02000081253

1. Corporation Name

DMS Processing, Inc.

2. Principal Office Address  
3425 Silverstone Court

Suite, Apt. #, etc.

City & State  
Plant City, Florida

Zip  
33566

Country  
USA

3. Mailing Office Address  
3425 Silverstone Court

Suite, Apt. #, etc.

City & State  
Plant City, Florida

Zip  
33566

Country  
USA

4. Date Incorporated or Qualified  
To Do Business in Florida 7/26/02

5. FEI Number  
56-2283969

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  
Jennifer G. Williamson

Street Address (P.O. Box Number is Not Acceptable)  
3425 Silverstone Court

Suite, Apt. #, Etc.

City  
Plant City

State  
FL

Zip Code  
33566

**REINSTATEMENT**

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

1-3-18-04

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	Jennifer G. Williamson	3425 Silverstone Court	Plant City, Florida 33566

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

Date

Daytime Phone #

1-3-18-04 813-752-2264

FILED

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TALLAHASSEE, FLORIDA

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