

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000101987

1. Corporation Name

TECHNOLOGY MARKETING SERVICES, INC

2. Principal Office Address

801 W. S.R. 436 #2137

Suite, Apt. #, etc.

#2137

City & State

ALTAMONTE SPRINGS, FL

Zip

32714

Country

SEMINOLE

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

9-20-02

5. FEI Number

450486205

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

MICHAEL SMITH

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

801 W.S.R. 436

Suite, Apt. #, Etc.

#2137

City

ALTAMONTE SPRINGS

State

FL

Zip Code

32714

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

MICHAEL SMITH

Date 1-30-04

REGISTERED AGENT MUST SIGN

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 |
|--------|--------------------------------------|---|--------------------------|
| CEO | MICHAEL SMITH | 801 W. S.R. 436 #2137 | ALTAMONTE SPRINGS, FL 32 |
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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:

MICHAEL SMITH

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-30-04

Date

407-862-6040

1-30-04

Daytime Phone #



Feb 05 04 05:03p

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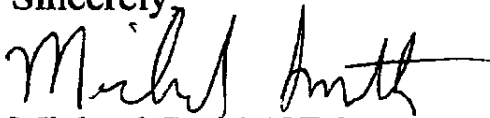
TO: SEAN TONER

TECHNOLOGY MARKETING SERVICES, INC

To whom it may concern:

Our notification the State of Florida sent us was never received as the numbers in our address were off slightly. We have mailed in the information requested and made the proper corrections to the address so this does not happen again.

Sincerely,



Michael Smith/CEO

801 W. SR 436 #2137, Altamonte Springs, FL 32817