

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

07 NOV -9 AM 11:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P04000152260

1. Corporation Name  
FPM SERVICES CORP.

2. Principal Office Address - No P.O. Box #  
7425 EXCITEMENT DR. 3. Mailing Office Address  
7425 EXCITEMENT DR.

Suite, Apt. #, etc.

City & State  
KISSIMMEE FL

Zip Country  
34747 USA

**REINSTATEMENT** 65-07  
CR2E081 (1/07)

4. Date Incorporated or Qualified To Do Business in Florida  
11/08/2004

5. FEI Number  
20-1854587

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name  
VICTOR D. ROMAN  
Street Address (P.O. Box Number is Not Acceptable)  
7425 EXCITEMENT DR.  
Suite, Apt. #, Etc.  
City State Zip Code  
KISSIMMEE FL 34747

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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]* Date 11/1/07  
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
DPST	VICTOR D. NORMAN	7425 EXCITEMENT DR.	KISSIMMEE FL 34747

400112177554  
11/09/07--01046--014 \*\*450.00

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 contained in Chapter 119, 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]* Date 11/1/07 (407) 431-4371  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #