

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P93000080609

1. Corporation Name

DECISION MANAGEMENT SYSTEMS, INC.

Principal Place of Business

Mailing Address

830 EYRIE DRIVE
STE #3
OVIEDO FL 32765
US

P.O. BOX 622108
OVIEDO FL 32762
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

1104 TROTWOOD BLVD

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State
WINTER SPRINGS, FL

Zip
32708

Country
USA

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/12/1993

5. FEI Number

59-3210622

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PT	CORY, MICHAEL J	830 EYRIE DRIVE, #3	OVIEDO FL
VPS	SMITH, JEFFREY M	830 EYRIE DRIVE, #3	OVIEDO FL

100004677951--7
-11/14/01--01014--022
***750.00 ***750.00

10/13

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CACCIATORE ESQ, JOHN M
470 E. AMHERST CIRCLE
SATELLITE BEACH FL 32937

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date 10/19/2001

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 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]
MICHAEL J. CORY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/18/2001

407-808-5554

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 OCT 26 PM 2:18

REINSTATEMENT

CR2E040 (8/01)