

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000007843

1. Corporation Name
DISTRIBUTION MANAGEMENT SERVICES, INC.

FILED
96 NOV -4 AM 7:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
P.O. BOX 1256
HALLANDALE FL 33008

Mailing Address
P.O. BOX 1256
HALLANDALE FL 33008



REINSTATEMENT 1996

MWB
11-696

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01/26/1985	
City & State		City & State		5. FEI Number	
Zip		Zip		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>					

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	BOOK, RONALD L	2999 NE 191 STREET, PH 6	AVENTURA FL 33180
D	RUSH, DONNA	20111 NE 23RD COURT	N. MIAMI BEACH FL 33180
			200001998942--3 -11/07/96--01042-022 #375.00 #375.00

8. Name and Address of Current Registered Agent

BOOK, RONALD L
2999 NE 191 STREET
PH6
AVENTURA FL 33180

9. Name and Address of New Registered Agent

Name	ROMULO EGIDI		
Street Address (P.O. Box Number is Not Acceptable)	3300 NE 191 ST.		
Suite, Apt. #, Etc.	306		
City	State	Zip Code	
AVENTURA	FL	33180	

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 REQUIRED Date: 9/26/96
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No

(See other side for information on intangible tax.)

12. 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)(l), 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 REQUIRED Date: 9/26/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 305937 2879

CREATING 17/96