PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 MAR 17 AM 11:19

KS

DOCUMENT # P95000007843

1. Corporation Name

DISTRIBUTION MANAGEMENT SERVICES, INC.

REINSTATEMENT 09-10

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
2171 Monroe Avenue		Post Office Box 612318	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Suite 204			
City & State		City & State	
Rochester, New York		Miami, Florida	
Zip	Country	Zip	Country
14618	USA	33261-2318	USA

4. Date Incorporated or Qualified To Do Business in Florida 01-25-2009

5. FEI Number 65-0574760 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $0.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: GREENFIELD, LEO

Street Address (P.O. Box Number is Not Acceptable): 7820 Peters Road

Suite, Apt. #, Etc.: Suite E104

City	State	Zip Code
Plantation	FL	33324

☐ 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 617.0505, F.S.

Signature of Registered Agent: Leo Greenfield
REGISTERED AGENT MUST SIGN

Date: February 3, 2010

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
C, P, D	Leo Greenfield	Post Office Box 612318	Miami, Florida 33261-2318
V, D	Barbara Greenfield	Post Office Box 612318	Miami, Florida 33261-2318
S, D	Maria Elena Lopez de Mendoza	Post Office Box 612318	Miami, Florida 33261-2318

10. E-mail Address: dingslg23@gmail.com
(To be used for future annual report notification)

11. I certify that I am an officer or director of 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, I further certify, 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: Leo Greenfield, President — 02/03/2010 — 954-554-2725

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

FL010 - 01/21/2010 C T System Online

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Florida Department of State
Division of Corporations
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CORPORATION REINSTATEMENT
DISTRIBUTION MANAGEMENT SERVICES, INC.

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