

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

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DOCUMENT # P95000007843

1. Corporation Name
DISTRIBUTION MANAGEMENT SERVICES, INC.

REINSTATEMENT 09-10

2. Principal Office Address - No P.O. Box # 2171 Monroe Avenue		3. Mailing Office Address Post Office Box 612318	
Suite, Apt. #, etc. Suite 204		Suite, Apt. #, etc.	
City & State Rochester, New York		City & State Miami, Florida	
Zip 14618	Country USA	Zip 33261-2318	Country 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 \$8.75 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
Plantation

State
FL

Zip Code
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 607.0905 or 617.0903, F.S.

Signature of Registered Agent *Leo Greenfield* Date **February 3, 2010**

REGISTERED AGENT MUST SIGN

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

Title	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: **dmgslg23@gmail.com** (To be used for future annual report notification)

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, 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* **Greenfield, President** Date **02/03/2010** Daytime Phone # **954-554-2725**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:
Division of Corporations
Fax Number : (850) 617-6384

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: See attached

**CORPORATION REINSTATEMENT
DISTRIBUTION MANAGEMENT SERVICES, INC.**

Certificate of Status	0
Certified Copy	0
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