

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FORM MOVED  
AND  
FILED

96 NOV -8 AM 8:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPLICATION

REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Northam  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **P95000085354**

1. Corporation Name

**DELIVERY MANAGEMENT SYSTEMS, INC.**

Principal Place of Business

Mailing Address

11730 NORTH DALE MABRY HIGHWAY  
2ND FLOOR  
TAMPA FL 33618

11730 NORTH DALE MABRY HIGHWAY  
2ND FLOOR  
TAMPA FL 33618

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

11/07/1995

5. FEI Number

Applied For

✓ 59-3395505

Not Applicable

6. ☐ \$8.75 Additional Fee required  
for a Certificate of Status

CERTIFICATE OF STATUS DESIRED ☐

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
PD	ROSENBERG, DAVIDA	11730 NORTH DALE MABRY HIGHWAY,	TAMPA FL 33618
VD	GELLER, MICHELLE	11730 NORTH DALE MABRY HIGHWAY,	TAMPA FL 33618
STD	ROSENBERG, STEPHEN	11730 NORTH DALE MABRY HIGHWAY,	TAMPA FL 33618
			600002001816--8
			-11/12/96--01024--017
			****200.00 ****200.00
			107 11/8

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

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

Date

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:

*Michelle Geller* MICHELLE GELLER  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-24-96 813 968 5757

CR2E040 (7/96)