

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 DEC 30 PM 2:51

SECRET
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STATE

DOCUMENT # PA6000003389 (9)

1. Corporation Name

Branch Management Services, Inc.

2. Principal Office Address

5597 Western Way

Suite, Apt. #, etc.

City & State

Lake Worth, FL

Zip

33463

Country

USA

3. Mailing Office Address

P.O. Box 740871

Suite, Apt. #, etc.

City & State

Boynton Beach, FL

Zip

33474

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-0633244

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

Jeryl M. Lloyd

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

5597 Western Way

Suite, Apt. #, Etc.

000009742610

12/30/02--01077--022 **600.75

City

Lake Worth, FL

State

FL

Zip Code

33463

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Jeryl M. Lloyd

REGISTERED AGENT MUST SIGN

Date 12-10-02

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

Pres. Jeryl M. Lloyd 5597 Western Way Lake Worth, FL 33463

VP Christopher Hoyt 624 NE 15th Ave Boynton Beach, FL 33435

ST James Sersenbach 34 Pickwick Park Dr. E Boca Raton, FL 33463

~~ST James Sersenbach~~

10. 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:

Jeryl M. Lloyd Pres. Jeryl M. Lloyd 12-10-02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

201
736
1724

CR2E081 (9/01)

Branch Management Services, Inc.
P.O. Box 740871
Boynton Beach, FL 33474
561-736-1724
561-357-8098 fax

December 10, 2002

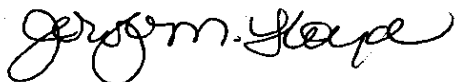
Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

To Whom It May Concern,

Re: Reinstatement of Corporation

In order to reinstate our corporation please find the enclosed check for corporate renewal fees for 1999-2002 and the additional \$8.75 fee for a Certificate of Status to be mailed to us. Thank you very much.

Sincerely,

A handwritten signature in cursive script, appearing to read "Jeryl M. Lloyd".

Jeryl M. Lloyd
President
Branch Management Services, Inc.