
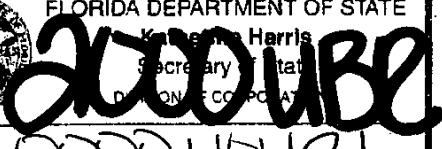


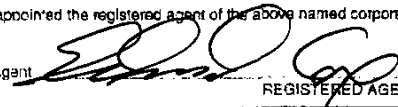
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION		FLORIDA DEPARTMENT OF STATE	
			
DOCUMENT # <u>PA6000040421</u>		FILED 00 DEC -1 PM 12:22 SECRETARY OF STATE TALLAHASSEE FLORIDA	
1. Corporation Name Contractor: Management & Support Services, Inc.			
2. Principal Office Address 9667 Sugar Pines Court Suite, Apt. #, etc. City & State Davie, Florida Zip 33328		3. Mailing Office Address Suite, Apt. #, etc. City & State City & State City & State Zip Country USA	
4. Date Incorporated or Qualified To Do Business In Florida 5/10/1996		5. FEI Number 65-0665984	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		6. Additional Fee required for a Certificate of Status \$8.75	

7. Name and Address of Current Registered Agent	
Name Edward Cox	
Street Address (P.O. Box Number is Not Acceptable) 9667 Sugar Pines Court	
Suite, Apt. #, Etc.	
City Davie	State FL
Zip Code 33328	

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

REGISTERED AGENT MUST SIGN

Date

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

Title	Name of Officer and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	EDWARD COX	9667 SUGAR PINES CT DAVIE, FL 33328	DAVIE, FL 33328
IP	NAM COX	9667 SUGAR PINES CT DAVIE, FL 33328	DAVIE, FL 33328

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)(b), 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:

 EDWARD COX
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR11/30/00 954-370-7558
Date Daytime Phone #

KE

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P96-40421

CMSS

CONTRACTORS MANAGEMENT & SUPPORT SERVICES, INC.

9667 Sugar Pines Court, Davie, Florida 33328

E-Mail: edwardcox@msn.com

<http://www.cmssi.com>

(954)370-7558

FAX (954)370-8281

STRUCTURAL ENGINEERS
CIVIL ENGINEERS
GENERAL CONTRACTORS
ARBITRATORS (AAA)
EXPERT TESTIMONY
CLAIMS & LITIGATION SUPPORT SERVICES

CERTIFIED BUILDING INSPECTORS
ARCHITECTS
CERTIFIED ENVIRONMENTAL INSPECTOR
CERTIFIED LEAD PAINT INSPECTOR
CERTIFIED H.U.D. 203K CONSULTANT

November 30, 2000

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

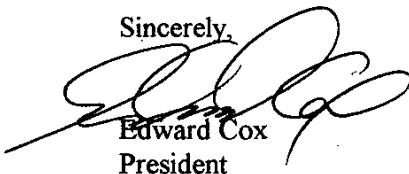
Re: Corporation Reinstatement

To whom it may concern:

We are asking that the Reinstatement Fee of \$750.00 be waived due to the fact that we had not received our Profit Corporation Annual Report Packet due to a change of address. Since we had not received this packet, we were not aware this was now past due. We had submitted a change of address to our local Post Office at the time of our move but wasn't aware until this event that they only forward the mail for up to 6 months.

Please note our change of address as shown above for your records.

Sincerely,



Edward Cox
President