

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 DEC -1 AM 9:53

DOCUMENT # P96000053879

1. Corporation Name

DEVELOPERS CONSULTANT SERVICE, INC.

Principal Place of Business

Mailing Address

390 N ORANGE AVE 201 S. ORANGE AVE.
SUITE 1285 SUITE 1100
ORLANDO FL 32801

390 N ORANGE AVE 201 S. ORANGE AVE
SUITE 1285 SUITE 1100
ORLANDO FL 32801



REINSTATEMENT

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

2. New Principal Office Address, If Applicable 201 S. ORANGE AVE		3. New Mailing Office Address, If Applicable 201 S. ORANGE AVE		4. Date Incorporated or Qualified To Do Business in Florida 06/24/1996	
Suite, Apt. #, etc. SUITE 1100		Suite, Apt. #, etc. SUITE 1100		5. FEI Number 59-3387541	
City & State ORLANDO, FLA		City & State ORLANDO FLA		Applied For Not Applicable	
Zip 32801		Zip 32801		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PT	BATURA, PHILIP L	5460 HOFFNER AVE STE 408	ORLANDO FL 32812
S	GOLDSTEIN, JOSEPH I	390 N ORANGE AVE STE 1285 201 S. ORANGE AVE. SUITE 1100	ORLANDO FL 32801
			800003500328--6 -12/13/00--01101--002 *****750.00 *****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GOLDSTEIN, JOSEPH I
390 N ORANGE AVE 201 S. ORANGE AVE
SUITE 1285 SUITE 1100
ORLANDO FL 32801

Name

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

201 S. ORANGE AVE.

Suite, Apt. #, Etc.

SUITE 1100

City

ORLANDO

State

FL

Zip Code

32801

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

SIGNATURE REQUIRED

Date

11/20/00

REGISTERED AGENT MUST SIGN

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 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.

AD

SIGNATURE:

PHILIP L BATURA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11-20-00

Daytime Phone #

407-207-1933

CR2E040 (8/00)