	DI FAOR DEAD	ALL INOT	TO LOTION		OMPLETI	NO THE FORM	
	PLEASE REAL PLICATION FOR STATEMENT	FLORID		ENT OF STATE ortham State	1	NG THIS FORM.	
DOCUMENT # P9600058308  1. Corporation Name MANAGEMENT SOURCE, INC.					97 NOV 26 AM 9: 1:2 SECRETARY OF STATE TALLAHASSEE FLORIDA		
Principal Place of Business Malling Addi 609 N HYER AVE 609 N HYER ORLANDO FL 32803 ORLANDO F			AVE				
	ddresses are incorrect in any way, line to noipal Office Address, If Applicable 16 N. MAITLAND A. H. etc.	lling Office Address, If Applicable 1, etc. 1531		4. Date Incorporated or Qualified To Do Business in Florida 07/10/1996  5. FEI Number Applied For			
Zip 32	751 Country		2802 Cour	ntry	6. CERTIFICATE		Not Applicable  Additional Fee required reaccertificate of Status
Title(s)	Name of Officers and/or Directors 2	orlda nonprofit corporations must list at least 3 directors)  Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box Numbers)		h	City / State / Zip		
PVPD	WOMACK, PAT	600 N HYER AVE- 696 N. MAITLAND ASSE MATI 2149 LK MARGE DR			ORLANDO FL 82003 MATTLAND, PET ORL F	A 32.751	
					60	0000236 <b>1</b> 4 12/02/9701 1 <del>9500361</del> 00	
Venib	8. Name and Address of Currer	nt Registered Ag	ent	Name	9. Name and A	Address of New Registered A	gent
KEMP, E DAVID 609 N HYER AVE ORLANDO FL 32803				Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, Etc.			
40 I bolino	appointed the registered agont of the a	have pamed core	oration am familiar	City	philoations of Section	State FL	Zip Code
Signature o Registered	Agent		GENT MÜST SIGN	wan and accept the C	onigations of 9901	Date	W .
	is corporation owes or			ear Ves		(See other side	o for information

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)(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 eath.

SIGNATURE:

PAT WOMACK

11-13-97 Date

407-228-6669 Daylime Phone #



MANAGEMENT SOURCE, INC.

PO®OX 1531 ORLANDO, FL 32802 407-228-6669 FAX: 407-228-2087

November 14, 1997

Florida Department Of State P.O. BOX 6327 Tallahassee, FL 32314-6327

Attn.: Andy Dunlap

Dear: Mr. Dunlap

Per our conversation on November 14,1997 in regards to my annual report. I am remitting check # 1081 for the amount of \$165.00. Due to that I did not receive any documentation regarding my annual report check being sent back to me in March. If you have any further question please do not hesitate to give me a call.

Pat Womack

cc: File ASR