

APPLICATION
FOR

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

00 OCT 26 PM 12:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000006624

1. Corporation Name

I.D.S. MELBOURNE, INC.

Principal Place of Business

Mailing Address

850 COURTLAND STREET
SUITE 1-A
ORLANDO FL 32804850 COURTLAND STREET
SUITE 1-A
ORLANDO FL 32804

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

4. Date Incorporated or Qualified
To Do Business in Florida

01/17/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3420903

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6.

CERTIFICATE OF STATUS DESIRED

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
P	SHECK, MELANIE J. R.	2359 BROOKSIDE WAY	INDIALANTIC FL 32903

600003465486--7

-11/16/00--01009--019

****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SHECK, ROBERT L
2359 BROOKSIDE WAY
INDIALANTIC FL 32903

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 10-18-00

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

V-p. 10-18-00 321-674-0245

Date

Daytime Phone #

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October 17, 2000

To: Florida Department of State
From: Adrian Carrillo
Re: IDS Melbourne/59-3420903

To Whom It May Concern:

I received an application for reinstatement on a corporation I thought was taken care of. My reason for this thinking is I have 5 corporations and your office said that 4 are active. Please note that I normally take care of the corporations as a group. I have enclosed copies of cancelled checks of my other corporations to show that they were handled as a group. According to the phone conversation I had with your office I am requesting that you waive the penalties, therefore I have enclosed \$150 for my year 2000 payment. Thank you for your cooperation and if you need further information I may be reached at 321/674-0245.

I.D.S. Raleigh, Inc.
229 James Jackson Ave.
Cary, N.C. 27513
(919) 467-3326
(919) 467-2028 Fax

I.D.S. Melbourne, Inc.
2415 S. Babcock St. Suite D
Melbourne, FL 32901
(321) 725-7550
(321) 725-4678 Fax

I.D.S. Orlando, Inc.
850 Courtland St. #1-A
Orlando, FL 32804
(407) 599-9888
(407) 644-0101 Fax

I.D.S. Lakeland, Inc.
2324 E. Edgewood Dr.
Lakeland, FL 33803
(863) 667-2211
(863) 666-2054 Fax

Corporate Office
2415 S. Babcock St. Suite E
Melbourne, FL 32901
(321) 674-0245
(321) 674-2039 Fax