

APPLICATION FOR REINSTATEMENT



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

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 00 OCT 24 PM 1:18

DOCUMENT # **P97000036338**

1. Corporation Name

**CONTRACT MANAGEMENT SOLUTIONS, INC.**

Principal Place of Business

3586 ALOMA AVENUE, SUITE 10  
 WINTER PARK FL 32792

Mailing Address

3586 ALOMA AVENUE, SUITE 10  
 WINTER PARK FL 32792



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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

04/21/1997

5. FEI Number

59-3470621

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	ROSBURY, STEVEN L	<del>2314 EMPEROR DR</del> 1560 Shady Oak Dr.	KISSIMMEE FL 34744
<del>STVD</del>	<del>ROSBURY, CARRIA L</del>	<del>2314 EMPEROR DR</del>	<del>KISSIMMEE FL 34744</del>
			100003455831--1 -11/07/00--01109--004 ****758.75 ****758.75
			10/1/00

8. Name and Address of Current Registered Agent

MOON, WALTER R.  
 200 NORTH PRIMROSE DRIVE  
 ORLANDO FL 32803

9. Name and Address of New Registered Agent

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

*Walter R. Moon* **SIGNATURE REQUIRED**  
 REGISTERED AGENT MUST SIGN

Date 10/17/00

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: X

*Walter R. Moon* **SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/17/00 407-478-0250  
 Date Daytime Phone #