

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000058375

1. Corporation Name

OUTSOURCING MANAGEMENT SOLUTIONS, INC.

2. Principal Office Address

348 MIRACLE STRIP PKWY

3. Mailing Office Address

348 MIRACLE STRIP PKWY

Suite, Apt. #, etc.

#34

Suite, Apt. #, etc.

#34

City & State

FORT WALTON BEACH, FL

City & State

FORT WALTON BEACH, FL

Zip

32548

Country

OKALOOSA

Zip

32548

Country

OKALOOSA

4. Date Incorporated or Qualified
To Do Business in Florida

6/30/1998

5. FEI Number

59-3520586

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒\$0.75 Additional fee required
for a Certificate of Status.

7. Name and Address of Current Registered Agent

Name
KING, EDDIE N

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

243 MATTIES WAY

Suite, Apt. #, Etc.

City
DESTIN, FLState
FLZip Code
32541

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807.0505 or 817.0503, F.S.

Signature of
Registered Agent

Eddie N. King

Date 10-17-06

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
ST	KING, DEBBIE W	243 MATTIES WAY	DESTIN, FL
CEO	KING, EDDIE N	243 MATTIES WAY	DESTIN, FL

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 807 or 817, 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 807.0401 or 817.0401, 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 contained in Chapter 119, 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:

Deborah W. King
 Signature and Typed or Printed Name of Signing Officer or Director

Date

10/17/06

Daytime Phone #

850-796-1019

FILED

06 OCT 18 PM 5:11

RECEIVED BY STATE
TALLAHASSEE, FLORIDAREINSTATEMENT
ORZED081 (12/05)0306
JPM

10/18/06 01033 016 308.75
 [Signature]



SUPERIOR ASSET MANAGEMENT, INC.

2/2

October 17, 2006

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: Reinstatement of Outsourcing Management Solutions, Inc

To Whom It May Concern:

Please find enclosed our reinstatement request for Outsourcing Management Solutions, Inc. We were unaware of the dissolution of this corporation until this time. We did not receive an annual report notice in the year of the dissolution. Please waive the \$600.00 reinstatement fee and accept our payment of \$308.75.

I can be contact at 850-796-1019 if any additional information is required. Thank you for your consideration.

Respectfully,

Deborah W. King
President

Corporate Office

348 Miracle Strip Parkway, Suite 34 ■ Fort Walton Beach, Florida 32548
850-796-0347 ■ Toll Free 800-658-4901 ■ Fax 850-796-1681 ■ Human Resources Fax 850-796-1150