

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1062

CORPORATION  
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

FILED

01 MAY -2 PM 2:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P98000106271

1. Corporation Name

D.M.A. SERVICES CORP.

2. Principal Office Address

2253 N.E. 30th St. LIGHTHOUSE PT. FLA. 33064

Suite, Apt. #, etc.

City & State

LIGHTHOUSE PT. FLA.

Zip

33064

Country

U.S.A.

3. Mailing Office Address

(SAME)

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

11/24/98

5. FEI Number

65-0878978

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

DAVID ASHLEY

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

2253 N.E. 30th St.

Suite, Apt. #, Etc.

City

LIGHTHOUSE PT.

State

FL

Zip Code

33064

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of

Registered Agent

David M. Ashley

REGISTERED AGENT MUST SIGN

Date

4/23/2001

9. Names and Street Addresses of Each Officer and/or Director (Florida non-profit 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

Pres

DAVID ASHLEY

2253 N.E. 30th St.

LIGHTHOUSE PT. FLA

LS

800004275438--4

-05/21/01--01203--024

\*\*\*\*300.00 \*\*\*\*300.00

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 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 application are true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

David M. Ashley

DAVID M. ASHLEY

4/23/2001 954 788-1343

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/00)

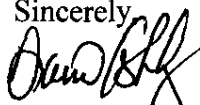
2062

4/23/2001

Michelle Milligan  
Documentation Specialist  
Fla. Dept. Of State

Per your advice, I am providing this letter to indicate that I had not received any prior notice from the Fla Dept. of State for corporate renewal. Further, I checked with my bank And found that my previous ck. had never cleared. I am enclosing check for \$300.00 as requested to cover the fee.

Sincerely



David Ashley