	PLEASE READ	ALL INST	RUCTIONS	BEFORE C	OMPLETI	NG THIS FORM	IV)::1	
APPLICATION FLORIDA DEPARTMENT					T AMB			
FOR			Sandra B. Mor Secretary of S		00 141			
REINSTATEMENT DIVISION OF CORPORATION					99 JAN -4 PM 4:58			
DOCUMENT # V66874 1. Corporation Name					SECRETARY OF STATE TALLAHASSEE, FLORIDA			
DIVORCE MEDIATION SERVICES, INC.								
Principal Place of Business Mailing Add			ress					
			7451 W OAKLAND PARK BLVD FT LAUDERDALE FL 33319					
If above addresses are incorrect in any way, line through incorrect information and enter correction					REINSTATEMENT 98			
2. New Pri	ncipal Office Address, if Applicable	3. New Mailin	New Mailing Office Address, If Applicable			Date Incorporated or Qualified To Do Business in Florida		
Suite, Apt.	#, etc.	Sulte, Apt. #, etc.			5. FEI Number		Applied For	
City & State	9	City & State				65-0362116	Not Applicable	
Zip	Country	Zip	Country	, 	6. CERTIFICATE	OF STATUS DESIRED [for a	Additional Fee required Certificate of Status	
7. Names	and Street Addresses of Each Officer and	or Director (Flo	rida nonprofit corpora	tions must list at lea	st 3 directors)			
Name of Officers and/or Directors 2			Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box No			City / State /	Zip	
D DEUTSCH, GERALD S.			7451 W. OAKLAND PARK BLVD.			FT LAUDERDALE FL 33319		

				3000027308938				
				****758.75 ****758.75 _				
				BO 1/1				
8. Name and Address of Current Registered Agent				Name and Address of New Registered Agent				
Name								
DEUTSCH, GERALD S. 7451 W OAKLAND PARK BLVD				Street Address (P.O. Box Number is Not Acceptable)				
FT LAUDERDALE FL 33319			Suite, Apt. #, Etc.					
				City State Zip Code				
10. I, being	appointed the registered agent of the abo	ve named corpo	pration om familla w	thand accept the ob	oligations of Section			
Signature o Registered	Agent Ri	GISTENED AG	ENT MUST SIGN	HRED		Date Dec. 3	1998	
11. Th	is corporation owes or ha angible Personal Proper	as páid th y tax due	e current yea	ar Yes 🗹	No 🗆	(See other side fo on intangibl		
this rein owed by	that I am an officer or director or the receistatement application, the reason for dissory the corporation have been paid and the application is true and accurate, and my significant or the corporation is true and accurate.	ilution has been names of individi	eliminated, the corpo uals listed on this for	rate name satisfies to n do not qualify for a	the requirements an exemption und	of section 607.0401 or 617.0401.	F.S., that all fees	
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Dayling Phone #								
