

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 NOV -8 AM 10:22

DOCUMENT # V66874

1. Corporation Name

DIVORCE MEDIATION SERVICES, INC.

Principal Place of Business

Mailing Address

7451 W OAKLAND PARK BLVD
FT LAUDERDALE FL 33319

7451 W OAKLAND PARK BLVD
FT LAUDERDALE FL 33319



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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		09/28/1992	
City & State		City & State		5. FEI Number	
Zip		Country		65-0362116	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

REINSTATEMENT

99

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
1	2	3	4
D	DEUTSCH, GERALD S.	7451 W. OAKLAND PARK BLVD.	FT LAUDERDALE FL 33319

800003046048--1

11/16/99-01082-007

*****750.00 *****750.00

Handwritten signature

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DEUTSCH, GERALD S.
7451 W OAKLAND PARK BLVD
FT LAUDERDALE FL 33319

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

Handwritten signature of Gerald S. Deutsch

Date

Nov. 4, 1999

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:

GERALD S. Deutsch
Handwritten signature
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Nov. 4, '99
Date

(854) 748-9990
Daytime Phone #

CR25140 (8/99)