

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

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

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	2314 EMPEROR DR 1560 Shady Oak Dr.	KISSIMMEE FL 34744
STVD	ROSBURY, CARRIA L	2314 EMPEROR DR	KISSIMMEE FL 34744
			100003455831--1 -11/07/00--01109--004 ****758.75 ****758.75

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
Date

407-478-0250
Daytime Phone #

CR2E040 (8/00)