

**2006 FOR PROFIT CORPORATION
REINSTATEMENT**

FILED

2006 OCT 12 PM 2:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # P04000158849
1. Entity Name
DSN PRODUCTS, INC.



Principal Place of Business: 4121 SW 47TH AVE, SUITE 1319 DAVIE, FL 33314
Mailing Address: 4121 SW 47TH AVE, SUITE 1319 DAVIE, FL 33314

2. Principal Place of Business: Suite, Apt. #, etc.
3. Mailing Address: Suite, Apt. #, etc.

City & State

Zip Country

10102006 REIN-P CR2E098 (11/05)
4. FEI Number: 20-2238673
Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
HASSAN, SHOHREH M
19135 SW 8TH ST
PEMBROKE PINES, FL 33029

7. Name and Address of New Registered Agent
Name: _____
Street Address (P.O. Box Number is Not Acceptable): _____
City: _____ FL Zip Code: _____

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After January 1, 2007, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: P NAME: HASSAN, HAMID STREET ADDRESS: 19135 SW 8 ST CITY-ST-ZIP: PEMBROKE PINES, FL 33029	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition 500080743825 10/12/06--01003--010 **150.00
TITLE: VP NAME: HASSAN, SHOHREH STREET ADDRESS: 4121 SW 47TH AVE, SUITE 1319 CITY-ST-ZIP: DAVIE, FL 33314	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: *[Signature]*
Date: 10/10/06 Daytime Phone #: 954-327-3782

10/10/06