

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JUN '00 PM 4:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F01000002927

1. Corporation Name

D. S. Networks, S.A., Inc.

2. Principal Office Address

3. Mailing Office Address C/O Aleida Ors
Waldman, P.A.
440 South Andrews Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Fort Lauderdale, FL

Zip

Country

Zip

Country

33301

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5/17/2001

5. FEI Number

☒ 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

Corporation Service Company

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

1201 Hayes Street

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301-2525

REINSTATEMENT 02-04

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

REGISTERED AGENT MUST SIGN

Date 6-28-04

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit 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
PD	<u>Daysi A Felix Perez</u>	<u>ESCAZU, URB. LOS LAURELES</u>	<u>San Jose, Costa Rica</u>
SD	<u>Flor I Leontrillo</u> <u>Izaguirre</u>	<u>Desamparados, de la</u> <u>Clinica Marcial</u>	<u>San Jose, Costa Rica</u>
T	<u>Elm Arroyo Duran</u>	<u>Hatillo 7, Alameda J. J.</u> <u>Rosales, Casa #29</u>	<u>San Jose, Costa Rica</u>
			<u>T. Lewis</u>

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 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:

Daysi A Felix Perez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6/28/04

Daytime Phone #

800-891-8203

CR2E081 (01/04)