

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 FEB 26 AM 8:10

**CORPORATION
REINSTATEMENT**



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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L12616

1. Corporation Name
DSV PLAZA CORP.

100013141101
02/26/03--01057--013 **1058.75

REINSTATEMENT 01-03

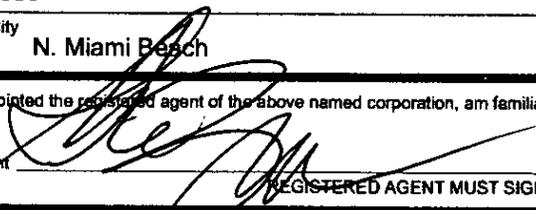
2. Principal Office Address 2020 NE 163rd St.		3. Mailing Office Address 2020 NE 163rd St.	
Suite, Apt. #, etc. 300		Suite, Apt. #, etc. 300	
City & State N. Miami Beach, FL		City & State N. Miami Beach, FL	
Zip 33162	Country	Zip 33162	Country

4. Date Incorporated or Qualified To Do Business in Florida	
5. FEI Number 650216515	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name Sheldon Zipkin, Esq.	
Street Address (P.O. Box Number is Not Acceptable) 2020 NE 163rd St.	
Suite, Apt. #, Etc. 300	
City N. Miami Beach	State Zip Code FL 33162

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.

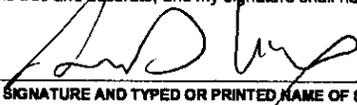
Signature of Registered Agent  Date **2/21/03**

REGISTERED AGENT MUST SIGN

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
D	Jacob Fisher	P. O. Box 64	Hallandale, FL 33008
V	Aviad Vissoly	P. O. Box 64	Hallandale, FL 33008

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:  Aviad Vissoly Date **8/6/02** 917-774-2828

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E081 (9/01)