

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 FEB 26 AM 8:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



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

**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

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

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  
**FL**

Zip Code  
**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

8/6/02

917-774-2828

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/01)