

APPLICATION
FOR
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L35367

1. Corporation Name

D. S. F., INC.

Principal Place of Business

5100 S DIXIE HIGHWAY
WEST PALM BEACH FL 33405
US

Mailing Address

C/O JON SCHMID & ASSOCIATES
1630 CLARE AVENUE
WEST PALM BEACH FL 33401
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

99

4. Date Incorporated or Qualified
To Do Business in Florida

12/05/1989

5. FEI Number

65-0159461

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED

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
VPT	CALDANA, EDWARD	12 MYERS BLVD.	RICHMOND HILL, ONT CA
PD	DEBIASIO, GIUDITTA	5440 N. OCEAN DR.	SINGER ISLAND FL
D	CALDANA, EDWARD	12 MYERS BLVD.	RICHMOND HILL, ONT CA
SD	CAPPUCCITTI, ROCCO	202 GARDEN AVE.	RICHMOND HILL, ONT CA

600003096146--4
01/12/00-01064-021
****750.00 ****750.00

8. Name and Address of Current Registered Agent

SCHMID, JON C.
1630 CLARE AVE.
WEST PALM BEACH FL 33401

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 AgentSIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

12/27/89

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 furnished on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
SIGNATURE REQUIRED

Date

12/27/99 561-622-8989
Daytime Phone #