

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 DEC 24 AM 8:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000027614

1. Corporation Name

D S, INC.

2. Principal Office Address

13641 NW 7 AV

Suite, Apt. #, etc.

3. Mailing Office Address

13641 NW 7 AV

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33168

Country

US

Zip

33168

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

3/17/00

5. FEI Number

65-0996684

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

SAHA, SONCHITA

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

13641 NW 7 AV 200025755512

Suite, Apt. #, Etc.

12/24/03 01037 023 **750 00

City

MIAMI

State

FL

Zip Code

33168

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

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 |
|--------|--------------------------------------|---|--------------------|
| PD | SONCHITA SAHA | 13641 NW 7 AV | MIAMI FL 33168 |
| VP | DILIP SAHA | 13641 NW 7 AV | MIAMI FL 33168 |
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DILIP SAHA

Date

11/10/03 305-769-7693

Daytime Phone #

CR2E081 (10/02)