

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

11 MAY -4 PM 9:26

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P00000027614

1. Corporation Name

DS, INC.

2. Principal Office Address - No P.O. Box #

13641 NW 7 AVE

Suite, Apt. #, etc.

City & State

N. MIAMI, FL

Zip

33168

Country

USA

3. Mailing Office Address

13641 NW 7 AVE

Suite, Apt. #, etc.

City & State

N. MIAMI, FL

Zip

33168

Country

USA

100207191581  
05/04/11--01029--031 \*\*\*1050.00

CR2E081 (11/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

3 17 2000

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

SONCHITA SAHA

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

13641 NW 7 AVE

Suite, Apt. #, Etc.

City

NORTH 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
P	SONCHITA SAHA	13641 NW 7 AVE	N. MIAMI, FL 33168
VP	DILIP SAHA	13641 NW 7 AVE	N. MIAMI, FL 33168

10. E-mail Address: LBUICPA@YAHOO.COM.

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

SIGNATURE: y

SONCHITA SAHA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/11

Date

305-725-7326

Daytime Phone #

5/4/11