

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT 16 PM 1:17

DOCUMENT # P00000036785

1. Corporation Name

DSN INVESTMENT, INC.

2. Principal Office Address

4330 W Broward Blvd.

Suite, Apt. #, etc.

N&O

3. Mailing Office Address

3917 N. Andrews Ave.

Suite, Apt. #, etc.

City & State

Plantation, Florida

City & State

Ft. Lauderdale, Fl.

Zip

33319

Country

U.S.A.

Zip

33309

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

04/06/00

5. FEI Number

65-1049936

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ YES

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

David S. Nunes

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

3917 North Andrews Avenue

Suite, Apt. #, Etc.

City

Fort Lauderdale,

State

FL

Zip Code

33309

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

David S. Nunes
REGISTERED AGENT MUST SIGN

Date 10/15/01

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	David S. Nunes	3917 N. Andrews Ave.	Ft. Lauderdale, Fl. 33309
S	Mary K. Nunes	3917 N. Andrews Ave.	Ft. Lauderdale, Fl. 33309

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:

David S. Nunes
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/15/01 (954)561-2023

Date

Daytime Phone #

CR2E031 (9/00)

DSN INVESTMENT, INC.

4330 WEST BROWARD BOULEVARD
SUITES N & O
PLANTATION, FLORIDA 33317

DAVID S. NUNES, B.S.c., J.D.
CHIEF EXECUTIVE OFFICER
ROSE DIPENTI
LICENCED MORTGAGE BROKER

TELEPHONE (954)585-8558
FAX (954)585-8581

October 15 2001

Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, Florida 32399

RE: CORPORATION REINSTATEMENT
DSN INVESTMENT, INC.

Dear Sir/Madam:

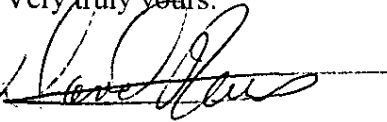
Enclosed please find a check in the amount of \$158.75 for the reinstatement of DSN Investment, Inc. and a Certificate of Status.

Please be advised that no prior notice was received from your office.

Please also note the changes in Article V, relative to the registered agent and the street address.

Thank you in advance for your cooperation in this matter.

Very truly yours:



David S. Nunes

DSN/kr