

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2024 APR 25 AM 11:20

SECRETARY OF STATE
TALLAHASSEE, FL

DOCUMENT # **PD2000070397**

1 Corporation Name

DSG Enterprises, INC.

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

3 Mailing Office Address

28724 Cottagewood Dr. **28724 Cottagewood Dr.**

Suite, Apt #, etc

Suite, Apt #, etc

City & State

City & State

Wesley Chapel, FL 33545 **Wesley Chapel, FL**

Zip

Country

Zip

Country

33545 U.S. **33545 U.S.**

13-25041 11/1/10

4. Date Incorporated or Qualified
To Do Business in Florida

4/25/2002

5. FEI Number

03-0468801

☒ 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

James J Pulkowski, CPA, PA

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

11216 Winthrop Main St

Suite, Apt. #, Etc

City

Riverview

State

FL

Zip Code

33578

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

[Signature] **CPA, PA**

REGISTERED AGENT MUST SIGN

Date **3-14-2024**

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	Brian K. Gant	28724 Cottagewood Dr.	Wesley Chapel, FL 33545
		19-24	APR 25 2024
			D CUSHING

0 E-mail Address: **bkgant@gmail.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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-11-2024 (813) 857-4497

Date

Daytime Phone #