

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 DEC -9 AM 8:00

DOCUMENT # **P02000085251**

1. Corporation Name

DSP SPA CONSULTING + SOLUTIONS, INC

REINSTATEMENT 03-04

MRD

2. Principal Office Address

212 KINGS LYNN RD.

Suite, Apt. #, etc.

3. Mailing Office Address

SAME ←

Suite, Apt. #, etc.

City & State

DELRAY BCH. FL.

City & State

SAME

Zip

33444

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

☒ 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

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

ON FILE - Previous Documents

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
Pres.	DAWN PILTER	212 KINGS LYNN RD.	DELRAY BCH., FL. 33444
Vice Pres.	SASA PILTER	"	"

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

Date

11/16/04

Daytime Phone #

561-702-5340

293

DSP Spa Consulting & Solutions, Inc.

212 Kings Lynn Road

Delray Beach, Fla. 33444

Phone: 561-702-5340 Email: dspconsulting@aol.com Fax: 561-272- 5120

To Whom It May Concern:

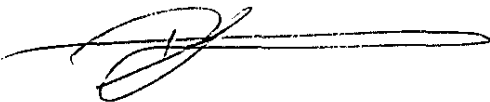
I was instructed to write a letter after explaining why we did not file our incorporation paperwork on time. Having never been incorporated before I was unaware that I was required to file, and since I don't ever recall receiving the paperwork, which is why it came as a shock once I did receive letter stating the dissolvent of our corporation. Therefore, it is this reason I have enclosed the total monies required for our full reinstatement of our corporation.

I thank you for your time and understanding.

I will look forward to hearing from you in the near future.

Sincerely,

Dawn Piljek



Attachment 323
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. *for RA Information + Signature Only.*

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
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DIVISION OF CORPORATIONS

DOCUMENT # P020000 85251

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2. Principal Office Address

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Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

DELRAY BEACH, FL.

City & State

Zip

33444

Country

USA.

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

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

Vincent A. Arnette

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

1948 HARRISON ST.

Suite, Apt. #, Etc.

City

HOLLYWOOD

State
FL

Zip Code

33020

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

Vincent A. Arnette

Date

9/15/04

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
PRES.	DAWN PILTEK	212 KINGS LYNN RD.	DELRAY BEACH, FL. 33444
DP.	SARA PILTEK	212 KINGS LYNN RD.	DELRAY BEACH, FL. 33444

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #