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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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FILED

03 SEP 25 PM 4:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P020000119947

1. Corporation Name

DSD, INC.

2. Principal Office Address

2545 E. Sunrise Blvd

Suite, Apt. #, etc.

231

City & State

Ft. Lauderdale, FL

Zip

33304

Country

Broward

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

300023338443
09/25/03--01048--013 **150.00

03

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

none

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

RYAN VALADE

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

2100 NORTH OCEAN BLVD

Suite, Apt. #, Etc.

1805

City

Ft. Lauderdale

State

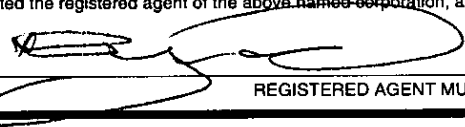
FL

Zip Code

33305

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



REGISTERED AGENT MUST SIGN

Date

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
PTD	Ryan Valade	2545 E. Sunrise Blvd, #231	Ft. Lauderdale, FL 33304
VSD	Chris Beckington	2545 E. Sunrise Blvd., #231	Ft. Lauderdale, FL 33304

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

9/23/03

Date

954-818-3594

Daytime Phone #

CR2E081 (10/02)

2012

DSD, Inc.

2545 E. Sunrise Blvd., Suite 231, Ft. Lauderdale, FL 33304

September 23, 2003

Department of State
Division of Corporations
409 East Gaines St.
Tallahassee, FL 32399

Attn: Reinstatements

To whom it may concern:

It has just come to my attention that my corporation, DSD, Inc., Document # P020000119947, was involuntarily dissolved for failure to file an Annual Report..

When I became aware that this corporation had not been renewed, it was clear to me that I had not received the annual report form and that is why the corporation was not renewed. I called the Reinstatements up your offices the other day and was told to write a letter explaining that I had not received the annual report form, provide the Reinstatement form , enclose a check for the \$150.00 and that you would review this matter.

If you have any questions, please do not hesitate to contact me on my cellular phone at 954-818-3594. Thank you for your assistance.

Sincerely,

A handwritten signature in black ink, appearing to read 'Ryan Valade', with a large, loopy flourish extending from the end of the signature.

Ryan Valade, President