

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 FEB 15 PM 2:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000005-718

1. Corporation Name DSP CONSULTING, INC

100066217581
02/20/06--01081--018 **150.00

REINSTATEMENT 05-06

CR2E081 (12/05)

2. Principal Office Address 3. Mailing Office Address

5499 N. FEDERAL HWY

Suite, Apt. #, etc.

SUITE F

Suite, Apt. #, etc.

City & State

BOCA RATON FL

City & State

Zip

33487

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/15/2003

5. FEI Number

2700 425 70

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

DOMENICK RPO

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

5499 NORTH FEDERAL HWY

Suite, Apt. #, Etc.

F

City

BOCA RATON

State

FL

Zip Code

33487

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 2/1/06

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	DOMENICK RPO	15974 NAIMU BAY CT	Delray Beach FL 33446

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 contained in Chapter 119, 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

2/1/06

Date

561 756-5039

Daytime Phone #



HOWARD B. JACOBSON, C.P.A., P.C.
Certified Public Accountant

February 11, 2006

33 - 21 FRANCIS LEWIS BLVD.
BAYSIDE, NEW YORK 11358
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PHONE: (718) 886-8210
FAX: (718) 886-8215

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: DSP Consulting, Inc.

Dear Sir or Madam:

Enclosed is the reinstatement application for *DSP Consulting, Inc.*


We respectfully request that you wave the \$600.00 reinstatement fee because the corporation did not receive the annual report notices in the year of dissolution. Furthermore, it has come to our attention upon review of the corporation's information, as listed on the *Florida Department of State - Division of Corporation* website, that the suite number is incorrect. The corporation was never located in suite S. The reinstatement application reflects the correct information of suite F.

Also enclosed is the annual report and corporate supplemental fee for the years ended December 31, 2003 and 2005.

<u>Year</u>	<u>Check Number</u>	<u>Check Amount</u>	
2003	1858	\$150.00	
2004	1150	\$158.75	
2005	1859	\$150.00	Paid and cleared 01/20/2004

Your understanding and prompt attention to this matter is greatly appreciated.

Respectfully submitted,



Lisa Tong, Staff Accountant
Howard B. Jacobson, CPA, P.C.

LT: hs
Encl.