

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT 04-07

7000001005007  
10/31/06--01032 006 1450.00  
CR2E081 (12/05)

**CORPORATION  
REINSTATEMENT**

 **FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS**

DOCUMENT # P03000023853

1. Corporation Name

FSD ENTERPRISES INC

2. Principal Office Address

14835 49TH STREET

Suite, Apt. #, etc.

3. Mailing Office Address

14835 49TH STREET

Suite, Apt. #, etc.

City & State

CLEARWATER FL

City & State

CLEARWATER FL

Zip

33762

Country

PINELLAS

Zip

33762

Country

PINELLAS

4. Date Incorporated or Qualified  
To Do Business in Florida 02/28/03

5. FEI Number

43-2003511

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

FREDDIE S DIXON JR

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

14835 49TH STREET

Suite, Apt. #, Etc.

City

CLEARWATER

State

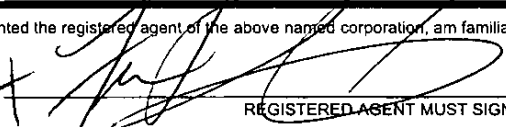
FL

Zip Code

33762

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



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
PSTD	FREDDIE S DIXON JR	10313 110TH WAY N	LARGO FL 33778

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

Date

Daytime Phone #

**ACTION  
ACCOUNTING & TAX SERVICE, INC.**

**600 BYPASS DRIVE SUITE 115 \* CLEARWATER, FL 33764 \* (727) 799-1040**

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25 October 2006

Florida Department of Revenue  
Amendment Section  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

RE: FSD Enterprises, Inc.  
Doc #'s: P00000090159

To Whom It May Concern:

Enclosed is the corporation reinstatement for Decota Corp along with a check in the amount of four hundred fifty dollars (\$450.00). This is being filed now due to the fact that the <sup>2004</sup> notice that is sent as a reminder to all businesses to pay the annual corporation fee was never received.

Thank you in advance for your consideration in this matter. Should you have any questions please contact me at (727) 799-1040.

Sincerely,



Michael L. Bruno, E.A.