

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 APR 25 PM 2:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000031814

1. Corporation Name

DS & HH, INC.

2. Principal Office Address

5255 NW 112 Avenue

3. Mailing Office Address

5255 NW 112 Avenue

Suite, Apt. #, etc.

Unit 108-C

Suite, Apt. #, etc.

108-C

City & State

MIAMI FLORIDA

City & State

MIAMI FLORIDA

Zip

33178

Country

USA

Zip

33178

Country

USA

4. Date Incorporated or Qualified

To Do Business in Florida 03/19/2003

5. FEI Number

16-1665260

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

SHAHID FATMI

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

5255 NW 112 Avenue Unit 108-C

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33178

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

3/11/05

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
PD	SHAHID FATMI	5255 NW 112 Ave, #108-C	MIAMI FLORIDA 33178
VP	AWAN IMTIAZ H.	5255 NW 112 Ave # 108-C	MIAMI FLORIDA 33178

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

3/11/05 (305) 594-1881

Daytime Phone #

April 12, 2005

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

Re: Reinstatement Section.
DS & HH, INC
Doc.P03000031814

Dear Sr. or Madam:

The present letter is in response to your letter of date March 22, 2005.

I would like to inform you that we never received the mentioned letter were you notified that the report was return for changes. We still on the same address that you have in your records for my company, but we never received it. At the present time I request the waived for the amount of \$600 for concept of reinstatement and enclosed please find the correspondent fees for this year 2005.

If you need more information please do not hesitate to contact me at office hours.

Hoping my petition is kept in mind, of you cordially,



Shahid Fatmi
President
5255 NW 112th Avenue Unit 108-C
Miami Florida 33178