2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000042798

Entity Name: DS & M EXOTICS, INC.

FILED Jan 08, 2008 Secretary of State

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Current Pri	incipal Place	of Business:	New Princi	New Principal Place of Business:			
165 NW 19 MIAMI GAR	ST DENS, FL 33	3169					
Current Mailing Address:			New Mailir	New Mailing Address:			
20127 NW 28 CT MIAMI, FL 33056				20410 NW 36TH COURT MIAMI, FL 33056			
FEI Number:	86-1059443	FEI Number Applied For () FEI	Number Not Appli	icable () Certificate of Status Desired ()			
Name and	Address of C	Current Registered Agent:	Name and	Address of New Registered Agent:			
FLORIDA INCORPORATORS, INC. 8875 HIDDEN RIVER PKWY STE 300 TAMPA, FL 336372087 US							
The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.							
SIGNATUR	E: MARKSI	HANKINS PRESIDENT					
	Electron	ic Signature of Registered Agent		Date			
		3(2)(b), F.S., the corporation did not rece	ive the prior notice	е.			
	AND DIREC	g Trust Fund Contribution(). TORS:	ADDITION	DDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	D () MCKENZIE, DA 20127 NW 28 C MIAMI, FL 330	CT CT	Title: Name: Address: City-St-Zip:	() Change() Addition			
Title: Name: Address: City-St-Zip:	VP () GRAHAM, RON 20127 NW 28 C MIAMI, FL 330	СТ	Title: Name: Address: City-St-Zip:	()Change ()Addition			
Title: Name: Address: City-St-Zip:	T () WOODS, SHAY 20501 NW 22 A MIAMI, FL 330	WE	Title: Name: Address: City-St-Zip:	()Change()Addition			
Title: Name: Address: City-St-Zip:	O () GRAHAM, FABI 20127 NW 28 O MIAMI, FL 330	CT CT	Title: Name: Address: City-St-Zip:	()Change ()Addition			
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip:	P () Change (X) Addition PREDELUS, ANDY W 195 NE 150 ST. MIAMI, FL 33161			

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE:	DAMION O MCKENZIE	D	01/08/2008