

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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

FILED

09 DEC -7 PM 3:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDADOCUMENT # **P03000095172**

1. Corporation Name

DSX INVESTMENTS, INC.

300163383003
12/07/09--01066--013 **758.75**REINSTATEMENT 05-09**
CR2E061 (11/09)

2. Principal Office Address - No P.O. Box # 13602 SW 83 AVE		3. Mailing Office Address 13602 SW 83 AVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State PALMETTO BAY, FL. 33158		City & State PALMETTO BAY FL. 33158	
Zip 33158	Country	Zip 33158	Country

4. Date Incorporated or Qualified
To Do Business in Florida 8 29 035. FEI Number
57-1184579Applied For
Not Applicable6. CERTIFICATE OF STATUS DESIRED ☒ \$3.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name JIMMY CASSANDRO	
Street Address (P.O. Box Number is Not Acceptable) 13602 SW 83 AVE	
Suite, Apt. #, Etc.	
City PALMETTO BAY	State FL Zip Code 33158

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 12-03-09

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
PRES. & SECTY.	JIMMY CASSANDRO	13602 SW 83 AVE.	PALMETTO BAY, FL. 33158

10. E-mail Address: jimmy.cassandro (achilleanus@gmail.com)

(To be used for future annual report notification)

11. 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. I further certify, 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 #

12-03-09