

# **2013 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P04000024942

**Entity Name:** DSP GOLF CONCEPTS, INC.

**FILED**  
**Oct 30, 2013**  
**Secretary of State**

**Current Principal Place of Business:**

3745 TAMiami TRAIL  
PORT CHARLOTTE, FL 33952

**New Principal Place of Business:**

9270 SW LIPE ROAD  
ARCADIA, FL 34269

**Current Mailing Address:**

C/O DAVID A. HOLMES  
99 NESBIT STREET  
PUNTA GORDA, FL 33950

**New Mailing Address:**

9270 SW LIPE ROAD  
ARCADIA, FL 34269

**FEI Number:** 01-0805826

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

HOLMES, DAVID A ESQ.  
99 NESBIT ST.  
PUNTA GORDA, FL 33950 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:** DAVID HOLMES

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** PD  
**Name:** SMITH, BRUCE T  
**Address:** 9270 LIPE ROAD S.W.  
**City-St-Zip:** ARCADIA, FL 34269 US

I hereby 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 all other like empowered.

**SIGNATURE:** BRUCE T SMITH

PD

10/30/2013

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date