

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

**DOCUMENT # P04000079450**

1. Entity Name  
DSI CONSULTING, INC.



FILED

06 DEC 19 PM 12:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
1 SEASHORE DRIVE  
PENSACOLA, FL 32561

Mailing Address  
1 SEASHORE DRIVE  
PENSACOLA, FL 32561

2. Principal Place of Business  
3600 Dallas Hwy.  
Suite, Apt. #, etc.  
Suite 230, #384  
City & State  
Marietta, GA  
Zip  
30064

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
City  
Zip  
Country



REINSTATEMENT 2006

4. FEI Number  
APPROVED FOR 20-0875162  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
LIBERIS, CHARLES S  
1610 BARRANCAS AVENUE  
PENSACOLA, FL 32501

7. Name and Address of New Registered Agent  
Name  
Barry E. Dickson, CPA  
Street Address (P.O. Box Number is Not Acceptable)  
900 North 12th Avenue  
City  
Pensacola FL Zip Code  
32501

8. The above named entity admits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Barry E. Dickson DATE: 12/11/06

(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After January 1, 2007, Fee will be \$300.00**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President</b> OWEN, RICHARD L 1 SEASHORE DRIVE PENSACOLA, FL 32561	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Richard L. Owen, Pres.</b> 3600 Dallas Hwy., Suite 230, #384 Marietta, GA 30064
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Tim Cowen, CEO</b> 3600 Dallas Hwy., Suite 230, #384 Marietta, GA 30064
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Scott Jones, CFO</b> 3600 Dallas Hwy., Suite 230, #384 Marietta, GA 30064
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Richard L. Owen DATE: 12/11/06 DAYTIME PHONE #: 904 791 6363

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR