

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000003854

1. Entity Name
DSGB, INC.



FILED

2006 OCT 12 PM 4:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10082006 REIN-P CR2E098 (11/05)

4. Ffil Number
20-2140368

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CORPORATE CREATIONS NETWORK, INC.
11380 PROSPERITY FARMS ROAD #221E
PALM BEACH GARDENS, FL 33410

7. Name and Address of New Registered Agent

Name **Sharon L Bierter**

Street Address (P.O. Box Number is Not Acceptable)
3101 State Road 580

City **Safety Harbor** FL Zip Code **34695**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Sharon L Bierter**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

10/9/06

FILE NOW!!! FEE IS \$750.00
After January 1, 2007, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

TITLE	D	☐ Delete
NAME	BIERER, DAVID A	
STREET ADDRESS	3101 STATE ROAD 580	
CITY-ST-ZIP	SAFETY HARBOR, FL 34695	
TITLE	D	☐ Delete
NAME	BIERER, SHARON L	
STREET ADDRESS	3101 STATE ROAD 580	
CITY-ST-ZIP	SAFETY HARBOR, FL 34695	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

800080765828
10/12/06--01011--013 **\$750.00

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: **Sharon L Bierter**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #

10/9/06 727-726-2553

10/17/06