

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P06000113546

1. Corporation Name

DSG SANDS CORP

2. Principal Office Address - No P.O. Box #

15100 HUTCHISON RD

Suite, Apt. #, etc.

SUITE 113

City & State

TAMPA, FL

Zip

33625

Country

3. Mailing Office Address

15100 HUTCHISON RD

Suite, Apt. #, etc.

SUITE 113

City & State

TAMPA, FL

Zip

33625

Country

7. Name and Address of Current Registered Agent

Name

THOMAS M MILLER

Street Address (P.O. Box Number is Not Acceptable)

15100 HUTCHISON RD

Suite, Apt. #, Etc.

SUITE 113

City

TAMPA, FL

State

FL

Zip Code

33625

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

REGISTERED AGENT MUST SIGN

Date **4/15/2010**

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
CEO	THOMAS M MILLER	15100 HUTCHISON RD	TAMPA, FL 33625

10. E-mail Address: **MMILLER@SANDSCORP.NET**

(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

4/15/2010

Date

813-333-2832

Daytime Phone #

FILED

10 APR 20 AM 9:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100176537581

04/20/10--01020--011 **450.00

REINSTATEMENT

08-1D

4. Date Incorporated or Qualified

To Do Business in Florida **08/31/2006**

5. FEI Number

20-5473396

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

☒ 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.

4/21/10