

# 2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P07000090862

Entity Name: DIRECT INT'L SHOW, INC.

FILED  
Oct 03, 2009  
Secretary of State

## Current Principal Place of Business:

4319 SW 96 AVE  
MIAMI, FL 33165

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 558193  
MIAMI, FL 33255

## New Mailing Address:

FEI Number: 74-3229305

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

DELGADO, AMANDA  
4319 SW 96 AVE  
MIAMI, FL 33165 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: AMANDA DELGADO

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: VP ( ) Delete  
Name: DELGADO, LILIA  
Address: 4319 SW 96 AVE  
City-St-Zip: MIAMI, FL 33165

Title: P ( ) Delete  
Name: DELGADO, AMANDA  
Address: 4319 SW 96 AVE  
City-St-Zip: MIAMI, FL 33165

Title: S/D ( ) Delete  
Name: DELGADO, ANTHONY  
Address: 4319 SW 96 AVE  
City-St-Zip: MIAMI, FL 33165

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: AMANDA DELGADO

Electronic Signature of Signing Officer or Director

PRES

10/03/2009

Date