PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

# APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 NOV 18 PM 2:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000020242

1. Corporation Name

DSPS, INC.

REINSTATEMENT 2003

800024796188
11/18/03--01024--003 **750.00

| Principal Place of Business | Mailing Address |
|---|---|
| VIA GALLIERA, 21 | ~~VIA GALLIERA, 21~~ AMA UNIVERSAL |
| 40050 FUNO | ~~40050 FUNO~~ |
| BOLOGNA, ITALY | ~~BOLOGNA, ITALY~~ |
| OC | ~~OC~~ |

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

| 2. New Principal Office Address, If Applicable | 3. New Mailing Office Address, If Applicable |
|---|---|
| | 11438-W CRONRIDGE DR. |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State: OWINGS MILLS MD |
| Zip / Country | Zip: 21117 / Country: USA |

4. Date Incorporated or Qualified To Do Business in Florida: 02/26/1997

5. FEI Number: 59-3435140 — Applied For ☐ Not Applicable ☐

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| 1 Title(s) | 2 Name of Officers and/or Directors | 3 Street Address of Each Officer and/or Director | 4 City / State / Zip |
|---|---|---|---|
| ~~D~~ | ~~BORGOGNANI, PIERLUIGI~~ | ~~VIA GALLIERA, 21 40050 FUNO~~ | ~~BOLOGNA, ITALY~~ |
| PD | ~~GARNER, LINO~~ MR. TAMPIERI | VIA GALLIERA, 21 40050 FUNO | BOLOGNA, ITALY |
| ~~VP~~ | ~~SILVESTRI, GIORGIO~~ | ~~875 N. ELLSWORTH AVENUE~~ | ~~VILLA PARK IL~~ |
| ~~D~~ | ~~SOFFRITTI, ALESSANDRO~~ | ~~VIA GALLIERA, 21 40050 FUNO~~ | ~~BOLOGNA, ITALY~~ |
| EVP | FRANKLIN, JOEL | ~~875 N. ELLSWORTH AVE.~~ 11438-W CRONRIDGE DR. | ~~VILLA PARK IL 60181~~ OWINGS MILLS MD 21117 |
| | | | |

8. Name and Address of Current Registered Agent

ALTERMAN, LEONARD ESQ.
9116 CYPRESS GREEN DRIVE
SUITE 207
JACKSONVILLE FL 32256

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City | State: FL | Zip Code

CR2E084 (7/03)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent: Leonard Alterman — Date: 11/17/03
REGISTERED AGENT MUST SIGN

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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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: JOEL FRANKLIN — 11-11-03 — 443-394-0533
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0133074 FR