


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2007 DEC -7 PM 2:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P9700006 24408					
1. Corporation Name DSPP, INC					
2. Principal Office Address - No P.O. Box # 6237 Arlington Expressway			3. Mailing Office Address 6237 Arlington Expressway		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State Jacksonville, FL			City & State Jacksonville, FL		
Zip 32211	Country Duval	Zip 32211	Country Duval	4. Date Incorporated or Qualified To Do Business in Florida 7/2/1997	
5. FEI Number 59-3431589				Applied For <input type="checkbox"/> Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$3.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent					
Name Amerilawyer Chartered					
Street Address (P.O. Box Number is Not Acceptable) 343 Almera Ave					
Suite, Apt. #, Etc.					
City Coral Gables		State FL	Zip Code 333134		
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				Date	
REGISTERED AGENT MUST SIGN					
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	
PD	Desai, Satish	6237 Arlington Expwy		Jacksonville, FL 32211	
S	Shah, Smita	6237 Arlington Expwy		Jacksonville, FL 32211	
T	Desai, Bhupin	6237 Arlington Expwy		Jacksonville, FL 32211	
11-30-07 01049 018 \$900.00					
REINSTATEMENT					
2006-2007					
10. 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 contained in Chapter 119, 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: Smita Sheth		11/29/07 904-725 5093			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

CR2E081 (1/07)

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.

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