

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 FEB 15 PM 1:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000020526**

1. Corporation Name

DSD Management, Inc.

2. Principal Office Address

3207 Industrial 29th. stret

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Fort Pierce, FL

City & State

Same

Zip

34946

Country

U.S.

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/03/98

5. FEI Number

59-3496039

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name **D.Scott Deal**

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

3207 Industrial 29th Street

Suite, Apt. #, Etc.

City **Fort Pierce**

State
FL

Zip
34946

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 **01/21/01**

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
Pres.	D. Scott Deal	1503 West Camino Del Rio	Vero Beach, FL 32963
VP/Sec	David M. Kesar	1048 Orchid Oak drive	Vero Beach, FL 32963

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 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.

D. Scott Deal
President

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

561-465-0631

Daytime Phone #

CR2E081 (9/00)