

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 12 PM 3:28

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # P98000064896

1. Corporation Name

DSE 1, Inc.

2. Principal Office Address

1325 S. Powerline Rd.

Suite, Apt. #, etc.

Suite 137

City & State

Pompano Beach

Zip

33069

Country

Broward

3. Mailing Office Address

1325 S. Powerline Rd.

Suite, Apt. #, etc.

Suite 137

City & State

Pompano Beach

Zip

33069

Country

Broward

REINSTATEMENT 00-01

**4. Date Incorporated or Qualified
To Do Business in Florida**

July 23, 1998

5. FEI Number

65-0852474

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

Maritza Del Nardo

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

3505 Oaks Way

Suite, Apt. #, Etc.

Apto. 502

City

Pompano Beach

State

FL

Zip Code

33069

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**

Maritza Del Nardo

REGISTERED AGENT MUST SIGN

Date **January 8, 2001**

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
President	Maritza Del Nardo	3505 Oaks Way No 502	Pompano Beach, FL 33069

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.

SIGNATURE:

Maritza Del Nardo

Maritza Del Nardo

01/08/01

(954)254-8609

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/99)