

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

APPLICATION
FOR **97**
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

97 NOV -5 PM 1:11

DOCUMENT # **K 54388**

1. Corporation Name
DKMR CONSULTING, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
1388 SABAL PALM BOCA RATON, FL 33432 **108 WAHACKME ROAD NEW CANAAN, CT. 06840**

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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		12/21/1988	
City & State		City & State		5. FEI Number	
Zip		Zip		65-0097592	
Country		Country		Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
DP	KEVIN C. CLARK	1388 SABAL PALM	BOCA RATON, FL 33432
DV	ROBERT BOK	327 ALEXANDER PALM	BOCA RATON, FL 33432
DT	DIANE BOK	327 ALEXANDER PALM	BOCA RATON, FL 33432
DS	MICHELLE F. CLARK	1388 SABAL PALM	BOCA RATON, FL 33432

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8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent			
KEVIN C. CLARK 1515 S. FGD. Highway Ste 210 BOCA RATON, FL 33432		Name: KEVIN C. CLARK Street Address (P.O. Box Number is Not Acceptable): 1388 SABAL PALM Suite, Apt. #, Etc.: City: BOCA RATON State: FL Zip Code: 33432			

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.

Signature of Registered Agent: REGISTERED AGENT MUST SIGN Date: 10/20/97

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.)

12. 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 19.07(2)(b), 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: KEVIN C. CLARK Date: 10/20/97 Daytime Phone #: 212 367-4006

CREDED 11/5/97