

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



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

FILED

99 DEC 30 PM 4:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **L43461**

1. Corporation Name

**D K A ENTERPRISES, INC.**

Principal Place of Business

1501 SE DECKER  
SUITE 516  
STUART FL 34994

Mailing Address

1501 SE DECKER  
SUITE 516  
STUART FL 34994

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



**REINSTATEMENT 1999**

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

01/12/1990

5. FEI Number

65-0176622

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
DP	TANZER, DAVID M.	1501 SE DECKER AVE, S516	STUART FL 34994
VP	TANZER, KIMBERLEY F	1501 SE DECKER AVE S516	STUART FL 34994
			100003102481--2 -01/19/00--01048--001 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

TANZER, DAVID M.  
1501 SE DECKER  
SUITE 516  
STUART FL 34994

9. Name and Address of New Registered Agent

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

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

*SIGNATURE REQUIRED*  
REGISTERED AGENT MUST SIGN

Date

12-28-99

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:

*SIGNATURE REQUIRED*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-28-99  
Date

561/292-5805  
Daytime Phone #

CR2E040 (8/99)