


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 OCT -4 AM 11:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 00-05

DOCUMENT # L43461
1. Corporation Name
D K A ENTERPRISES, INC.

2. Principal Office Address 1501 SE Decker		3. Mailing Office Address 1501 SE Decker	
Suite, Apt. #, etc. 516		Suite, Apt. #, etc. 516	
City & State Stuart, FL		City & State Stuart, FL	
Zip 34994	Country USA	Zip 34994	Country USA

4. Date Incorporated or Qualified To Do Business in Florida 01/12/1990


5. FEI Number 65-0176622

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name DAVID M. TANZER
Street Address (P.O. Box Number is Not Acceptable) 1501 SE Decker
Suite, Apt. #, Etc. Suite 516
City stuart
State FL Zip Code 34994


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 9-29-05
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
DP	TANZER, DAVID M.	1501 SE Decker Ave #516	Stuart, FL34994

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:  David M Tanzer Pres. 9-29-05 772-287-5809
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #