

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 JAN 23 PM 4:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F00000004548
1. Corporation Name CDK U.S. INC.

000012324120
02/11/03--01085--004 **450.00

01-03

2. Principal Office Address <u>375 PARK AVE</u>		3. Mailing Office Address <u>375 PARK AVE</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <u>NEW YORK N.Y.</u>		City & State <u>NEW YORK N.Y.</u>	
Zip <u>10152</u>	Country <u>USA</u>	Zip <u>10152</u>	Country <u>USA</u>

4. Date Incorporated or Qualified To Do Business in Florida <u>8/11/2000</u>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. FEI Number <u>223704289</u>		
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	\$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name <u>CARL RASKUMAR.</u>	
Street Address (P.O. Box Number is Not Acceptable) <u>801 SOUTH FEDERAL HWY.</u>	
Suite, Apt. #, Etc. <u>UNIT #821.</u>	
City <u>DANIA</u>	State / Zip Code <u>FL 33004</u>

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

Carl Raskumar
REGISTERED AGENT MUST SIGN

Date 1/21/2003.

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
<u>PD</u>	<u>CLAYS JUEL</u>	<u>801 S FED HWY #821</u>	<u>DANIA FL-33004</u>
<u>SD</u>	<u>JAN KNOIECIN</u>	<u>801 S FED HWY #821</u>	<u>DANIA FL-33004</u>

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:

J. Raskumar
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/21/2003 (954) 922-7022.

Daytime Phone #

2002

CDK US, INC.
801 S Federal Hwy Unit # 821
Dania, FL – 33004. USA,
Tel: 954-929-7022 Fax: 954-929-7076

Florida Department of State
Secretary of State
Division of Corporations

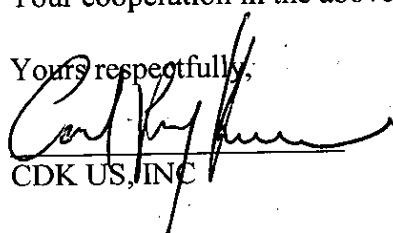
January 20, 2003

RE: Limited Liability Company Reinstatement,

This letter is to inform you that the above referenced corporation is requesting reinstatement of status, due in large part to not receiving any previous notices from your office regarding filing of the required annual report. Regrettably, due to the lack of communication from your office this business entity was placed on inactive status. Enclosed please find a check in the amount of \$450.00 and the completed form for reinstatement.

Your cooperation in the above matter is appreciated.

Yours respectfully,


CDK US, INC