## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10/2

CORPORATION REINSTATEMENT Secretary of State DIVISION OF CORPORATIONS  OCUMENT # COOCOOCISCS Corporation Name Corporation Name  Note: A corporation	PLEASE READ /	ALL INGTROOTISTED TO	_ · · · · · · · · · · · · · · · · · · ·	
Secretary of State DIVISION OF CORPORATIONS  DOCUMENT # FOOCOOCH SUR Corporation Name  A PRINCE SUR FLORIDA  A PRINCE SUR FLORIDA  A PRINCE SUR FLORIDA  A DIDDOLL 32.4 1.20 02/11/0301085-004 ##450,00  A DIDDOLL 32.4 1.20 02/11/0301085-004 ##4	ELORIDA DEPARTMENT OF STATE			
COCUMENT # FOOCOOCISUS Corporation feature  DK U.S. INC.  DODO 1 2324120 02/11/03-01085-004 ##450.00  DC 2/11/03-01085-004 #		Secretary of State	03 JAN 23 PM 4: 25	
Composition Name  DK U.S. INC.  DOCOTI 2924120  02/11/03-01085-004 #W450.00  03/13-04086889		2001516	JECRETARY OF STATE	
2. Principal Office Aggress 375 PARK AVE 3. Mailing Office Aggress 375 PARK AVE 3840 POLISS 5 PEN Number 5 PE			ACCAMAGOCA	
2. Principal Office Address 375 PARK AUE 4. Date incorporated or Counting Not be address in Provide 373 704289    Applied For Not Ap	ODK U.S. INC.		000012924120	
375 PARK AVE 375 PARK AVE  375 PARK AVE 375 PARK AVE  Suite, Apt. 9, etc.  Siy & State  VORK N.Y.  Special Park  Applied For.  No. A			02/11/0301085004 **450.00	
375 PARK AVE 375 PARK AVE 375 PARK AVE 4. Death report of Country 10 Death Port Port Port Port Of Country 10 Death Port Port Port Port Port Port Port P	2 Principal Office Address	3. Mailing Office Address	10103	
A. Date Incorporated to Business in Floridal 2000  DEW State  VEW YORK N.Y.  DEW YORK N.Y.  DEW YORK N.Y.  State  Country  LED  COUNTRY  LOSA  COUNTRY  LOSA  COUNTRY  LOSA  CERTIFICATE OF STATUS DESIRED  ST		375 PARK AUE		
Street Address (P.O. Box Number is Not Acceptable)   Street Address (P.O. Box Number is Number	Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. Date Incorporated or Qualified To Do Business in Florida	
Country USA 10152 USA 10153 USA 10153 USA 10153 USA 10154 USA 101553 USA 1015	City & State	City & State	5. FEI Number Applied For	
Name   CARL   RAJKUM AR   Street Address (P.O. Box Number is Not Acceptable)   South   FEDERAL   Hwy   Street Address (P.O. Box Number is Not Acceptable)   South   FEDERAL   Hwy   Street Address (P.O. Box Number is Not Acceptable)   South   FEDERAL   Hwy   Street Address (P.O. Box Number is Not Acceptable)   South   FEDERAL   Hwy   State   Zip Code   FEDERAL   Zip Code   FEDERAL	100	Zip Country	6. S8.75 Additional Fee required	
Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, Etc.  UNIT #821.  City DANIA  8. 1, being appointed the registering agent of the above named congregation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.  Signature of Registered Agent A	2.0	10152 USA	CERTIFICATE OF STATUS DESIRED L.J for a Certificate of Status	
Street Address (P.O. Box Number is Not Acceptable) SOUTH FEDERAL HWY.  Suite, Apt. #. Etc.  City DANIA  State Zip Code Tel.  State Zip Code STATE  State Zip Code STATE  AND State Zip Code STATE  Registered Agent Addresses of Each Officer and or Director (Florida nonprofit corporations must list at least 3 directors)  Political Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  Titles Officer and/or Director Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  PD CLAUS JUEL SOIS FED HWY #821 DANIA FL-33 ow y  STATE ADDRESS STATE ADDRESS STATE ADDRESS STATE ADDRESS STATE STA		7. Name and Address of Current Registe	ered Agent	
Suite, Apt. #, Etc.  City  DANIA  State  City  DANIA  FL  33004  8. 1, 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  REGISTANCE AGENT MUST SIGN  Date  1/21/2003.  P. 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  Name of Officers and/or Directors  PDD CLAUS JUEL SOIS FED Hwy 4821 Dawin FL-33 or y  STREET Address of Each Officers and/or Directors  Street Address of Each Officers and/or Directors  PDD CLAUS JUEL SOIS FED Hwy 4821 Dawin FL-33 or y  SITUATION OF THE SOIS FED Hwy 4821 Dawin FL-33 or y  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, here been poid and the names of individuals listed on this form on on this form on the qualify for an exemption under section 119.07(3)(), F.S. The information indicated on the application is trustand accusate, and my signature shall have the same legal effect as if made under oath.  1 21 2003 (254) 22076	CARL RASKAMTIK.			
8. I, being appointed the registered agent of the above named corporation, an familiar with and accept the obligations of section 607,0505 or 617,0503, F.S.  Signature of Registered Agent Agent Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  9. Names and Street Addresses of Each Officer and/or Directors  Name of Officer and/or Directors  Street Address of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  PD CLAUS JUEL SOISFED AWY #\$ 21 DAWIM FL-33 or 4  50 JAW KNOIFCINT 801 SFED AWY #\$ 21 DAWIM FL-33 or 4  10. Learlify 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 filling 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 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 this reinstatement application, the reason for dissolution has been eliminated on this day of the corporation have been paid and the names of individuals is listed on this form do not qualify for an exemption under section 119,07(3)(0, F.S. The information indicated on this application is tryonand acculate, and my signature shall have the same legal effect as if made under oath.	Street Address (P.O. Box Number is Not Acceptable)  SOI SOUTH FEDERAL HWY.			
8. I, being appointed the registered agent of tigo above named corporation, an familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.  Signature of Registered Agent  9. Names and Street Addresses of Each Officer and/or Director (Florida nonpriorit corporations must list at least 3 directors)  Name of Officer and/or Director  Titles  Name of Officer and/or Director  Officer and/or Director  Officer and/or Director  PD CLAUS JUEC 801 SFED Hwy #8 21 Danvin F2-33 or y  SD January F2-33 or y  10. Learlify 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 filling this reinstatement application, the reason for disordulant is tested on this time statistic ment application, the reason for disordulant is tested on this time on the corporation have been paid and the names of individuals is tested on this time on the corporation have been paid and the names of individuals is tested on this time on the corporation and the names of individuals is tested on this time on the corporation and the names of individuals is tested on this time on the corporation and the names of individuals is tested on this time on the corporation and the names of individuals is tested on this time on the corporation in truncation indicated on this application is truncation in truncation indicated and the names of individuals is tested on this time on the corporation than the name of individuals is tested on this time on the corporation than the name of individuals is tested on this time on the corporation than the name of individuals is tested on this time on the corporation than the name of individuals is tested on this time on the corporation than the name of individuals is tested on this time on the corporation than the name of individuals is tested on the time of the corporation than the name of individuals is tested on the time of the corporation than the name of individuals is tested on the time of t	UNI # 821			
8. 1. being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0503 r 617.0503 r 61	L DANG	A	FL 33004	
P. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  Titles	8. I, being appointed the registered agent of the a	bove named corporation, am familiar with and accept the	o obligations of section 607.0505 or 617.0503, F.S.	
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  Name of Officer and/or Directors  Street Address of Each Officer and/or Director (Florida nonprofit corporations with list at least 3 directors)  PD CLAUS JUEL 8015 FED Huy #821 DANIM F2-33 00 U  SD SAW KNOIFCINT 801 SFED Huy #821 DANIM F2-33 00 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 the remainder of the proporation 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 pocupate, and my signature shall have the same legal effect as if made under oath.	Signature of Date Date			
Titles  Name of Officers and/or Directors  Street Address of Each Officer and/or Director  PD CLAUS JUEC 8015 FED HWY 4821 DANIA FL-33 02 4  50 SAW KNOIFCINT 801 SFE0 HWT 4821 DANIA FL-3300 4  10. Lertify 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 tryonal accurate, and my signature shall have the same legal effect as if made under oath.			(least 3 directors)	
PD CLAUS JUEL 8015 FED HW7 #821 DANIA F2-33 00 4  50 JAW KNOTECTN 801 SFED HW7 #821 DANIA F2-3300 4  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 filling 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 accutate, and my signature shall have the same legal effect as if made under oath.	Name of	Street Address of E	ach City / State / Zip	
50 SAW KNOIFCINT 801 SFE0 Hut 1 #821 DANM FL-3300 C  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 filling 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 accupate, and my signature shall have the same legal effect as if made under oath.	- 1 - 1 - 2 oz			
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 filling 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.	PD CZAUS JU	1EC 8013 1ED A	w/ 44 6 01 01 1	
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 filling 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.			1	
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 filling 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.	SD JAN KNOT	ECZN 801 SFEDA	TW7 #8 21 OATON 71-33009	
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 filling 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.				
this reinstatement application, the reason tor dissolution has 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 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 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.		:		
this reinstatement application, the reason tor dissolution has 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 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 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.				
this reinstatement application, the reason tor dissolution has 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 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 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.	10 Logitify that Lam an officer or director or the r	eceiver or trustee empowered to execute this application	as provided for in chapter 607 or 617, F.S. I further certify that when filling	
1/21-12003 (954) 922-700	this reinstatement application, the reason for	the server of individuals listed on this form do not qualify	for an exemption under section 119.07(3)(i), F.S. The information indicated	
	-1/-1/			

Zeelz

## 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.