

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 MAR -6 PM 1:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 103 000005779

1. Corporation Name

DSK Management Corp.

800092347018
03/13/07--01014--013 **450.00

REINSTATEMENT

2. Principal Office Address - No P.O. Box #
8360 W. Oakland Park Boulevard

3. Mailing Office Address
8360 W. Oakland Park Boulevard

Suite, Apt. #, etc.
Suite 201

Suite, Apt. #, etc.
Suite 201 - Attn: Michael Kadoch

City & State
Sunrise, Florida

City & State
Sunrise, Florida

Zip
33351

Country
U.S.A.

Zip
33351

Country
U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida November 18, 2003

5. FEI Number
22-3695469

☐ Applied For
☐ Not Applicable

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

7. Name and Address of Current Registered Agent

Name
Corporate Access, Inc.

Street Address (P.O. Box Number is Not Acceptable)
236 E. 6th Avenue

Suite, Apt. #, Etc.

City
Tallahassee

State
FL

Zip Code
32303

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

REGISTERED AGENT MUST SIGN

Date 3/6/07

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
CP	David Kadoch	8360 W. Oakland Park Boulevard, Ste. 801	Sunrise, Florida 33351
VCS	Sheila Kadoch	8360 W. Oakland Park Boulevard, Suite 801	Sunrise, Florida 33351

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 contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3-2-07

Daytime Phone #

(954) 749-2030

6 Mitchell MAR 6 2007