

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT  
**F96000006472**  
 FLORIDA DEPARTMENT OF STATE  
 Sandra B. Mortimer  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED

98 MAR 12 PM 12:06

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **F96000006472**

1. Corporation Name

**DAK Management Corporation**

Principal Place of Business

Mailing Address

**150 E. 58 ST. 14<sup>th</sup> Floor  
 New York, New York  
 10155**

**411 SEABREEZE Avenue  
 Palm Beach, Florida  
 33480**

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida <b>Jan. 1, 1997</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number <b>13-3920431</b>	
City & State		City & State		Applied For <input type="checkbox"/> Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> <b>\$8.75 Additional Fee required for a Certificate of Status</b>	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
PRES.	DOUGLAS A. KASS	150 E. 58 ST. / 14 <sup>th</sup> Floor (212) 838-0895	New York, N.Y. 10155

**3000002462533-4**  
 -03/19/98--01109--001  
 \*\*\*\*300.00 \*\*\*\*300.00

**REINSTATEMENT 97-98**  
 CM

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**DOUGLAS A. KASS  
 411 SEABREEZE Ave.  
 Palm Beach FL 33480**

Name **DOUGLAS A. KASS**  
 Street Address (P.O. Box Number is Not Acceptable) **411 SEABREEZE Avenue**  
 Suite, Apt. #, Etc.  
 City **Palm Beach** State **FL** Zip Code **33480**

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

REGISTERED AGENT MUST SIGN

Date **3/1/98**

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information on intangible tax.)

12. 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 AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/1/98 (212) 838-0895**  
 Date Daytime Phone #

CR20040 (12/96)