PLEASE READ A	ALL INST	RUCTIONS	BEFORE C	OMPLETI	NG THIS FO	RM.	
APPLICATION	PORIDA		10sm			Nr C	
	\mathbf{A}	Sepretary of S	IN				
DIVERNOF CORPORATIONS			FILED				
DOCUMENT # K45675				00 OCT 23 AM 10: 19			
JDK INTERNATIONAL, INC.			SECRETARY OF STATE TALLAHASSEE FLORIDA				
·				ACCAMASSEE FLORIDA			
Principal Place of Business Mailing Address 300 FRONT \$TREET 300 FRONT \$							
KEY WEST FL 33040	. 33040						
If above addresses are incorrect in any way, line thro	uah incorrect in	formation and enter c	orrection below.				
2. New Principal Office Address, If Applicable	ng Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 11/16/1988				
Suite, Apt. #, etc. Suite, Apt. #		etc.		5. FEI Number			
City & State City & S Zip Country Zip		Country		6. \$8.75 Additional Eee required			
Zip Country 7. Names and Street Addresses of Each Officer and/o				L	OF STATUS DESIRED	for a Certificate of Status	
7. Names and Street Addresses of Each Unicer and/ Name of Officers Title(s) and/or Directors		Stre	et Address of Each	<u>ו</u>	(City / State / Zip	
P MANI, DILIP	3 300 FRONT STRE				KEY WEST FL 33040		
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8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent							
617 WHITEHEAD ST. KEY WEST FL 33040	Suite, Apt. #, Etc		B Harris Are				
City Kiey W					Jest FL 330Yn		
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 OCA. 20, 2000							
11. I certify that I am an officer or director or the receiv	ver or trustee en	npowered to execute	this application as I	provided for in cha	apter 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: VSIGNAGRAGE REQUIRED OCS. 20,2000							
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #							



FLORDA Department of State. Division of Corporation TA LLAHASSEE .

Dear Sor. This is m. mari From DIC Enternation/ Zera (K45675). 2 dont not recorded any notice of Roneward of Corponantoon 2000- This is the first notice of Reinstament of my my Corporantion 2 hope you mind Necoure & this chaque of \$ 150.00 for Reinstament of my DK Entenwithen Please Corp. Kn Reitssterte my Conponentaon uptill 2000 year. Thanking you -Tuesle's. Drip. G. MANI JDU Buterweitigent comp. (305) 2921785.