

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

97 NOV -5 PM 1:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K 54388

1. Corporation Name

DKMR CONSULTING, INC.

Principal Place of Business

1388 SABAL PALM
BOCA RATON, FL
33432

Mailing Address

108 WAHACKME ROAD
NEW CANAAN, CT.
06840

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/21/1988

5. FEI Number

65-0097592

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
DP	KEVIN C. CLARK	1388 SABAL PALM	BOCA RATON, FL 33432
DV	ROBERT BOK	327 ALEXANDER PALM	BOCA RATON, FL 33432
DT	DIANE BOK	327 ALEXANDER PALM	BOCA RATON, FL 33432
DS	MICHELLE F. CLARK	1388 SABAL PALM	BOCA RATON, FL 33432

REINSTATEMENT

8. Name and Address of Current Registered Agent

KEVIN C. CLARK
1515 S. FBO. Highway Ste 210
BOCA RATON, FL 33432

9. Name and Address of New Registered Agent

Name KEVIN C. CLARK
Street Address (P.O. Box Number is Not Acceptable)
1388 SABAL PALM
Suite, Apt. #, Etc.

City BOCA RATON

State FL

Zip Code 33432

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 10/20/97

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 199.032, 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:

KEVIN C. CLARK
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 10/20/97

Daytime Phone # 212 367-4006

11/10/97-01119-005

***750.00

263972-0580

CREATED 10/20/97