




PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED 05 OCT -4 AM 11:09 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # L43461				
1. Corporation Name D K A ENTERPRISES, INC.				
2. Principal Office Address 1501 SE Decker Suite, Apt. #, etc. 516 City & State Stuart, FL Zip 34994 Country USA		3. Mailing Office Address 1501 SE Decker Suite, Apt. #, etc. 516 City & State Stuart, FL Zip 34994 Country USA		REINSTATEMENT 00-05 CR2E081 (8/05)
		4. Date Incorporated or Qualified To Do Business in Florida 01/12/1990		
		5. FEI Number 65-0176622		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status		
7. Name and Address of Current Registered Agent				
Name DAVID M. TANZER 100060195401 10/04/05--01007--009 **1500.00				
Street Address (P.O. Box Number is Not Acceptable) 1501 SE Decker				
Suite, Apt. #, Etc. Suite 516				
City Stuart State FL Zip Code 34994				
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  Date 9-29-05 REGISTERED AGENT MUST SIGN				
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	
DP	TANZER, DAVID M.	1501 SE Decker Ave #516	Stuart, FL 34994	
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 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:  David M Tanzer Pres. 9-29-05 772-287-5809 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #				